

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90048 019 \*\*\*\*61.25



**DOCUMENT # 720022**

1. Entity Name

THE FLORIDA ORCHESTRA GUILD, ST. PETERSBURG, INC

Principal Place of Business

POST OFFICE BOX 40184  
ST PETERSBURG FL 33743-0184

Mailing Address

POST OFFICE BOX 40184  
ST PETERSBURG FL 33743-0184



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3731880

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, LEONARD D  
101 S HOOVER BLVD  
#100  
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAZZ ELLA, CLAIRE	
STREET ADDRESS	4651 1ST STREET NORTH SUITE 206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	PED	<input type="checkbox"/> Delete
NAME	JAICKS, JOAN	
STREET ADDRESS	459 BAYVIEW DR NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	O'CONNOR, ROSEMARY	
STREET ADDRESS	11955 6TH ST EAST	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	CHAPIN, LOUISE	
STREET ADDRESS	4737 DOLPHIN CAY LN SUITE 207	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, ANNA	
STREET ADDRESS	2301 WOODLAWN CIR W	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	STENGARD, GIGI	
STREET ADDRESS	1613-60TH ST SOUTH	
CITY-ST-ZIP	GULF PORT FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAICKS, JOAN	
STREET ADDRESS	459 BAYVIEW DR NE,	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, PRECELLA	
STREET ADDRESS	201 TAMARA WAYNE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLIGER, SARA	
STREET ADDRESS	1310 41ST AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON, FERN	
STREET ADDRESS	1915 BAYOU GRANDE BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, JANET	
STREET ADDRESS	720 49TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL	
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, ROSEMARY	
STREET ADDRESS	11955 6TH STREET	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anna T. Collins* (ANNA T. COLLINS) 4-25-07 (727) 894-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #