

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737141 (2)

1. Corporation Name  
**THE FLORIDA SYMPHONY ORCHESTRA, INC.**



Principal Place of Business: C/O MUSIC ORLANDO, 1111 N ORANGE, ORLANDO FL 32804  
Mailing Address: C/O MUSIC ORLANDO, 1111 N ORANGE, ORLANDO FL 32804

3. Date Incorporated or Qualified: 10/25/1976  
3a. Date of Last Report: 08/04/1995

2. Principal Place of Business: 21 c/o Music Orlando, Suite, Apt. #, etc. 22 500 N. Orlando Ave., City & State 23 Winter Park, FL 32789, Zip 24  
2a. Mailing Address: 25 c/o Music Orlando, Suite, Apt. #, etc. 26 P.O. Box 540203, City & State 27 Orlando, FL 32854-0203, Zip 29 Country 30

4. FEI Number: 59-0751923  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MASSEY, HARVEY  
1051 WINDERLEY PLACE  
SUITE 201  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MASSEY, HARVEY L	
STREET ADDRESS	1051 WINDERLEY PLACE STE 201	
CITY - ST - ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOWLER, JAMES A	
STREET ADDRESS	28 W CENTRAL AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAYNIE, MARTHA	
STREET ADDRESS	201 S ROSALIND AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYERS, VICKI J	
STREET ADDRESS	805 N MAGNOLIA STE 305	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: JAN. 24, 1996 DAYTIME PHONE #: 407 875-3939

CR2E037 (12/95)