

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737141 (2)

1. Corporation Name

THE FLORIDA SYMPHONY ORCHESTRA, INC.



Principal Place of Business

Mailing Address

C/O MUSIC ORLANDO
1111 N ORANGE
ORLANDO FL 32804

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

2a. Mailing Address

21. c/o Music Orlando

25. c/o Music Orlando

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 500 N. Orlando Ave.

27. P.O. Box 540203

City & State

City & State

23. Winter Park, FL 32789

29. Orlando, FL 32854-0203

Zip

Country

Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSEY, HARVEY
1051 WINDERLEY PLACE
SUITE 201
MAITLAND FL 32751

81. Name

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

83.

84. City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME MASSEY, HARVEY L
STREET ADDRESS 1051 WINDERLEY PLACE STE 201
CITY-STATE-ZIP MAITLAND FL

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

TITLE PD ☐ DELETE
NAME FOWLER, JAMES A
STREET ADDRESS 28 W CENTRAL AVE
CITY-STATE-ZIP ORLANDO FL

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

TITLE SD ☐ DELETE
NAME HAYNIE, MARTHA
STREET ADDRESS 201 S ROSALIND AVE
CITY-STATE-ZIP ORLANDO FL

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

TITLE TD ☐ DELETE
NAME MYERS, VICKI J
STREET ADDRESS 805 N MAGNOLIA STE 305
CITY-STATE-ZIP ORLANDO FL

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 24, 1996

407 875-3939

Date

Daytime Phone #

CR2E037 (12/95)