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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90182 048 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N00950**

1. Corporation Name

NORTH PORT ORCHESTRA ASSOCIATION, INC.

Principal Place of Business

13801-D S TAMiami TRAIL
NORTH PORT FL 34187
US

Mailing Address

POST OFFICE BOX 7138
NORTH PORT FL 34287
US



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 01/17/1984 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2454986 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 25 | \$8.75 Additional Fee Required |
| 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

COSTELLO, VICTOR I
3984 NORTH ACCESS RD.
SUITE A
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name **RUTH MCARDLE**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **416 BERMUDA ISLES CIRCLE**
84 City **VENICE** FL 85 Zip Code **34292**

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 *Ruth McArde*

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

(NOTE: Registered Agent signature required when reinstating)

March 8, 1999

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Vice P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, TERRY | 1.2 NAME | REX MORSE |
| STREET ADDRESS | 5709 KENWOOD DRIVE | 1.3 STREET ADDRESS | 8423 HERBISON AVE |
| CITY-ST-ZIP | NORTH PORT FL 34287 | 1.4 CITY-ST-ZIP | NORTH PORT, FL. 34287 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMICHAEL, RAY | 2.2 NAME | ELINOR EGGERT |
| STREET ADDRESS | 6347 MORNING AVE | 2.3 STREET ADDRESS | 23053 WESTCHESTER BLVD., R-411 |
| CITY-ST-ZIP | NORTH PORT FL 34287 | 2.4 CITY-ST-ZIP | PORT CHARLOTTE, FL. 33980-8475 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | TRCAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGGS, MARY JO | 3.2 NAME | CAROLYN WINGER |
| STREET ADDRESS | 1323 CYPRESS AVE. | 3.3 STREET ADDRESS | 4798 ABADAN ST |
| CITY-ST-ZIP | VENICE FL 34293 | 3.4 CITY-ST-ZIP | NORTH PORT, FL 34287 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, SYLVIA R | 4.2 NAME | BOB McMULLEN |
| STREET ADDRESS | 6759 LAUREL COURT | 4.3 STREET ADDRESS | 112 SANDSTONE CIRCLE |
| CITY-ST-ZIP | NORTH PORT FL 34287 | 4.4 CITY-ST-ZIP | VENICE, FL. 34293 |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTELLO, VICTOR I | 5.2 NAME | MARY MULLEN |
| STREET ADDRESS | 3984 NORTH ACCESS RD. | 5.3 STREET ADDRESS | 68 HAMMOND RD. |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | 5.4 CITY-ST-ZIP | NORTH PORT, FL. 34287 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | RUTH MCARDLE |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 416 BERMUDA ISLES CIRCLE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | VENICE, FL. 34292 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Ruth McArde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(941) 493-5390

Daytime Phone #

CR2E037 (11/98)