


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91045 042 ****70.00

DOCUMENT # N00950 1. Entity Name NORTH PORT ORCHESTRA ASSOCIATION, INC.					
Principal Place of Business 6400 W. PRICE BLVD NORTH PORT, FL 34286 US			Mailing Address 6400 W. PRICE BLVD NORTH PORT, FL 34286 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent JOHNSON, DORIS T 5709 KENWOOD DRIVE NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAETZOLD, DENISE 5709 KENWOOD DR NORTH PORT, FL 34287 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Glasser, Dr. Sanford 5300 White Ibis Drive North Port, Florida 34287 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITHERS, JUNE 3343 ALBIN AVE NORTH PORT, FL 34286 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Withers, June 1300 N. River Road Venice, Florida 34293 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MARY 2184 BURBECK NORTH PORT, FL 34287 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea Williams, Mary 2184 Brubeck North Port, Florida 34287 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVELOKOS, PAUL 8455 MANASOTA KEY RD ENGLEWOOD, FL 34223 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Russell, Margaret 5158 Wilton Court North Port, Florida 34287 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, ROBERT 112 SANDSTONE CIRCLE VENICE, FL 34293 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McMullen Robert 5000 Ashton Garden Drive Venice, Florida 34292 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DORIS T 5709 KENWOOD DRIVE NORTH PORT, FL 34287 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Capek, Brenda 3328C Sunset Key Circle Punta Gorda, Florida 33955 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
12. 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 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: <i>Doris T. Johnson - Doris T. Johnson</i> - APRIL 22 2004 (941) 426-7467					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

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DOCUMENT N00950-

NORTH PORT ORCHESTRA ASSOCIATION, INC.

ANNUAL REPORT--2004

Trustees

T
Miller, Terry
Tarpon Coast National Bank
1440 Tamiami Trail, Suite A
North Port, Florida 34287

T Addition
Carney, Len
Tarpon Coast National Bank
1440 Tamiami Trail, Suite A
North Port, Florida 34287

T Delete
Foster, Pat
Chamber of Commerce of North Port
2975 Bobcat Village Center Road
Suite 300
North Port, Florida 34286

Doris T. Johnson DORIS T. JOHNSON APRIL 22, 2004
(941) 426-7467