

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90265 019 ****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	4. FEI Number 59-2454986	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, DORIS T 5709 KENWOOD DRIVE NORTH PORT, FL 34287			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSER, SANFORD DR.		NAME		
STREET ADDRESS	5300 WHITE IBIS DR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITHERS, JUNE		NAME		
STREET ADDRESS	1300 N RIVER RD.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MARY		NAME		
STREET ADDRESS	2184 BRUBECK		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, MARGARET		NAME		
STREET ADDRESS	5158 WILTON CT.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMULLEN, ROBERT		NAME		
STREET ADDRESS	5000 ASHTON GARDEN DR., #111		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPEK, BRENDA		NAME		
STREET ADDRESS	3328C SUNSET KEY CIR.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
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: <u>Doris T. Johnson - Doris T. Johnson</u> <u>APRIL 21, 2005 (941) 426-7467</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20046084



04192005 Chg-NP CR2E037 (10/03)

ATTACHMENT

20046082

ATTACHMENT

DOCUMENT N00950

NORTH PORT ORCHESTRA ASSOCIATION, INC.

ANNUAL REPORT_- 2005

PRESIDENT

P
Johnson, Doris T.
5709 Kenwood Drive
North Port, Florida 34287

TRUSTEE

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

T
ADDITION
Costello, Victor
2600 Tusket Avenue
North Port, Florida 34287

Doris T. Johnson - DORIS T. JOHNSON - APRIL 21, 2005 - (941) 426-7467