

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90045 020 ****61.25

DOCUMENT # N00950

1. Entity Name
NORTH PORT ORCHESTRA ASSOCIATION, INC.

6400 W. PRICE BLVD.



Principal Place of Business
6400 W. PRICE BLVD
SARASOTA, FL 34286 US

Mailing Address
6400 W. PRICE BLVD
SARASOTA, FL 34286 US



2. Principal Place of Business - No P.O. Box #

NORTH PORT PERFORMING ARTS
CENTER
MUSIC SUITE

3. Mailing Address

6400 W. PRICE BLVD.
MUSIC SUITE

01282008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2454986

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

Zip
34286

Country
USA

Zip
34286

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERLACH, JUDITH A.
3105 SCRANTON ST
PORT CHARLOTTE, FL 33952

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME GERLACH, JODY
STREET ADDRESS 3105 SCRANTON ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE S ☒ Delete
NAME WITHERS, JUNE
STREET ADDRESS 1300 N RIVER RD.
CITY-ST-ZIP VENICE, FL 34293

TITLE T ☐ Delete
NAME WILLIAMS, MARY
STREET ADDRESS 2184 BRUBECK
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE T ☒ Delete
NAME HAWKIN, LORRAINE
STREET ADDRESS 2063 ELLERY ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE TR ☒ Delete
NAME MCMULLEN, ROBERT
STREET ADDRESS 5000 ASHTON GARDEN DR., #111
CITY-ST-ZIP VENICE, FL 34292

TITLE T ☐ Delete
NAME CAPEK, BRENDA
STREET ADDRESS 3328C SUNSET KEY CIR.
CITY-ST-ZIP PUNTA GORDA, FL 33955

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JUDITH A. GERLACH
STREET ADDRESS 3105 SCRANTON ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SECRETARY ☒ Change ☐ Addition
NAME JUNE WITHERS
STREET ADDRESS 2190 GUAYA RD.
CITY-ST-ZIP VENICE, FL 34293

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME HAROLD KELLY
STREET ADDRESS 1124 BIRD BAY WAY
CITY-ST-ZIP VENICE, FL 34258

TITLE TREASURER ☐ Change ☒ Addition
NAME RUTH L. MCARDLE
STREET ADDRESS 416 BERMUDA ISLES CIRCLE
CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ruth L. McArdle RUTH L. MCARDLE FEB. 19 2008 (941) 493-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #