

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006688

FILED
Aug 25, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA PHILHARMONIC ORCHESTRA, INC.

Current Principal Place of Business:

1853 E. HARTFORD ST.
INVERNESS, FL 34453

New Principal Place of Business:

1739 NORTH FUTURE TRAIL
LACANTO, FL 34461

Current Mailing Address:

PO BOX 1595
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-3343268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, FRANKLIN E
1853 E. HARTFORD ST.
INVERNESS, FL 34453

Name and Address of New Registered Agent:

KING, V. LIONEL
1739 NORTH FUTURE TRAIL
LACANTO, FL 34461

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.

SIGNATURE: V. LIONEL KING

08/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, SUSAN
Address: 10752 S W 67TH AVENUE
City-St-Zip: OCALA, FL 34476

Title: PD () Delete
Name: PETERS, FRANKLIN E
Address: 1853 E. HARTFORD ST.
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: GRIFFIN, TAMMY
Address: 2151 NE 2ND STREET
City-St-Zip: OCALA, FL 24470

Title: D () Delete
Name: BLINKHORN, DEAN
Address: 3293 NE 42ND PLACE
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: MENARD, LAURIE
Address: 4060 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: KING, V. LIONEL
Address: 1739 NORTH FUTURE TRAIL
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SMILEY, LENORE
Address: 1801 FONSECA WAY
City-St-Zip: THE VILLAGES, FL 32159

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FARBER, MARTIN
Address: 1801 FONSECA WAY
City-St-Zip: THE VILLAGES, FL 32159

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN FARBER

D

08/25/2004

Electronic Signature of Signing Officer or Director

Date