

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01809 (5)

1. Corporation Name

TAMPA BAY CHAMBER ORCHESTRA, INC.



Principal Place of Business

**3321 HENDERSON BLVD.
TAMPA FL 33609**

Mailing Address

**3321 HENDERSON BLVD.
TAMPA FL 33609**

3. Date Incorporated or Qualified
03/07/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 111 E. Madison St.

26 111 E. Madison St.

4. FEI Number

58-2588388

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2625

27 Suite 2625

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 Tampa

28 Tampa, FL 33602

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 FL

25 U.S.

29 33602

30 Hillsboro.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMILTON, THEODORE JAY
3321 HENDERSON BLVD.
TAMPA FL 33609**

81 Name

Theodore J. Hamilton

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

111 E. Madison Street

83

Suite 2625

84 City

Tampa

FL

85

**Zip Code
33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/2/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	TRED	<input type="checkbox"/> DELETE
NAME	BRENT, AJ	
STREET ADDRESS	4600 W CYPRESS #520	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, RENATE	
STREET ADDRESS	5001-B PILGRIM'S PATHWAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, THEODORE JAY	
STREET ADDRESS	3321 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brent, AJ	
13 STREET ADDRESS	4600 W. Cypress, #520	
14 CITY-ST-ZIP	Tampa, FL	
21 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jan Ickovik	
23 STREET ADDRESS	4927 St. Croix	
24 CITY-ST-ZIP	Tampa, Florida 33629	
31 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Gilbert Singer	
33 STREET ADDRESS	705 W. Azeele	
34 CITY-ST-ZIP	Tampa, Florida 33601	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	300001786809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-04/19/96--01019--020	
53 STREET ADDRESS	***61.25	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Theodore J. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 **813-930-2883**
Date Daytime Phone #

CR2E037 (12/95)