

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: 21 **111 E. Madison St.**
22 **Suite 2625**
23 **Tampa**
24 **FL**
25 **U.S.**
2a. Mailing Address: 26 **111 E. Madison St.**
27 **Suite 2625**
28 **Tampa, FL 33602**
29 **33602**
30 **Hillsboro.**

4. FEI Number: **58-2588388**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HAMILTON, THEODORE JAY**
3321 HENDERSON BLVD.
TAMPA FL 33609
10. Name and Address of New Registered Agent: 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** 85 Zip Code: **FL 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* (NOTE: Registered Agent signature required when reinstating) DATE: **4/2/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TRED BRENT, AJ	<input type="checkbox"/> DELETE	11 TITLE: Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4600 W CYPRESS #520		12 NAME: Brent, AJ	
CITY-ST-ZIP: TAMPA FL		13 STREET ADDRESS: 4600 W. Cypress, #520	
TITLE: VCD	<input checked="" type="checkbox"/> DELETE	14 CITY-ST-ZIP: Tampa, FL	
NAME: HARTMAN, RENATE		21 TITLE: Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5001-B PILGRIM'S PATHWAY		22 NAME: Jan Ickovik	
CITY-ST-ZIP: TAMPA FL 33611		23 STREET ADDRESS: 4927 St. Croix	
TITLE: CD	<input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP: Tampa, Florida 33629	
NAME: HAMILTON, THEODORE JAY		31 TITLE: Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3321 HENDERSON BLVD.		32 NAME: Gilbert Singer	
CITY-ST-ZIP: TAMPA FL		33 STREET ADDRESS: 705 W. Azeele	
TITLE: <input type="checkbox"/> DELETE		34 CITY-ST-ZIP: Tampa, Florida 33601	
NAME: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		5.1 TITLE: 300001786809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		5.2 NAME: -04/19/96--01019--020	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: ***61.25	
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* CHAIRMAN DATE: **4-1-96** DAYTIME PHONE #: **813-930-2883**

CR2E037 (12/95)

4-18-96
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