
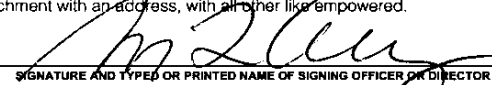


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90069 015 \*\*\*\*61.25

<b>DOCUMENT # N02292</b>					
1. Entity Name FESTIVAL OF ORCHESTRAS, INC.					
Principal Place of Business 1353 PALMETTO AVE STE 100 WINTER PARK, FL 32789		Mailing Address 1177 LOUISIANA AVENUE SUITE 101 WINTER PARK, FL 32789			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2416916	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, KATHRYN V CPA 1177 LOURISIAN AVENUE SUITE 101 WINTER PARK, FL 32789			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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	D	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACKMAN, SUSAN C		NAME	JOHN W. PETRUSKY	
STREET ADDRESS	1353 PALMETTO AVENUE, STE 100		STREET ADDRESS	1353 PALMETTO AVE., STE 100	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOTT, FREDERIC M		NAME	SUSAN L. CAREY	
STREET ADDRESS	1353 PALMETTO AVENUE, STE 100		STREET ADDRESS	1353 PALMETTO AVE., STE 100	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, PAMELA		NAME		
STREET ADDRESS	1353 PALMETTO AVE. STE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTEN, WHIT		NAME		
STREET ADDRESS	1353 PALMETTO AVENUE, STE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, ROSEMARY		NAME		
STREET ADDRESS	1353 PALMETTO AVE STE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 2/7/06 Daytime Phone #: 407-539-0245		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40013362



01092007 Chg-NP CR2E037 (12/06)