

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02292

FILED
Feb 03, 2009
Secretary of State

Entity Name: FESTIVAL OF ORCHESTRAS, INC.

Current Principal Place of Business:

1353 PALMETTO AVE
STE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

3823 N. ECON TRAIL
STE. D-5
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-2416916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHRYN, ROSS V CPA
3823 N. ECON TRAIL
STE. D-5
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAREY, SUSAN L
Address: 1353 PALMETTO AVENUE, STE 100
City-St-Zip: WINTER PARK, FL 32789

Title: C () Delete
Name: COX, PAMELA
Address: 1353 PALMETTO AVENUE, STE 100
City-St-Zip: WINTER PARK, FL 32789

Title: C () Delete
Name: SUPOWITZ, LOUIS
Address: 1353 PALMETTO AVE. STE 100
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: HOMAYSSI, RUBY
Address: 1353 PALMETTO AVE STE 100
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: MAHER, ROSEMARY
Address: 1353 PALMETTO AVE STE 100
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: KATHRYN V. ROSS, CPA

CPA

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date