

**- 2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90033 027 ****61.25

DOCUMENT # N03000010289

1. Entity Name

FLORIDA ORCHESTRA EVENING GUILD, INC.



Principal Place of Business

101 S HOOVER BLVD - SUITE 100
TAMPA FL 33609

Mailing Address

125 - 17TH AVE NE
ST. PETERSBURG FL 33704



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2 ADALIA AVE
903

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State
TAMPA

4. FEI Number

20-0733749

Applied For

Not Applicable

Zip

Country

Zip

33606

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT H JR
125 - 17TH AVE NE
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

BARB IZZI

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

2 ADALIA AVE

903

City

TAMPA

FL

Zip Code

33606

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

Barbara IZZI

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/23/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P ARMITAGE, RENATE
STREET ADDRESS 101 E. KENNEDY BLVD, STE 4200
CITY-ST-ZIP TAMPA FL 33602

TITLE NAME ☐ Delete
S BEACH, SUSAN
STREET ADDRESS P.O. BOX 1743
CITY-ST-ZIP TAMPA FL 33701

TITLE NAME ☒ Delete
T WILLIAMSON, OBERT H JR
STREET ADDRESS 125 17TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Barbara IZZI

3/23/06

813.503.2341