2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004908

FILED Apr 29, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA YOUTH ORCHESTRA, INC.

	Current Principal Place of Business:			New Principal Place of Business:	
1408 S. 9T LEESBUR	TH ST. IG, FL 34748				
	,				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1408 S. 9T LEESBUR	TH ST. G, FL 34748				
FEI Number	: 56-2432722	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	l Address of Cເ	ırrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
TANG, ST 37734 N. (EUSTIS, F	CR 44A				
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	D ()[ATKINS-HAWK, I 1408 S. 9TH ST. LEESBURG, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:					
City-St-Zip: Title: Name: Address: City-St-Zip:	D ()[DORMAN, MICHA 14770 SE 218 TE UMATILLA, FL 3	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
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Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DORMAN, MICH/ 14770 SE 218 TE UMATILLA, FL 3 D ()[NIBUNGCO, BET 21 WESTON RD. LEESBURG, FL D ()[NEAS, KIM 3814 BAYSHORE TAVARES, FL 32	AEL ERR 2784 Delete H 34748 Delete E CIR. 2778 Delete KE DR.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

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: LOIS ATKINS-HAWK MS. 04/29/2008