SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:53

DOCUMENT # **N18593** **(6)**

1. Corporation Name

PALM BEACH POPS ORCHESTRA, INC.

Principal Place of Business	Mailing Address
1399 N. KILLIA DR. SUITE 2 LAKE PARK FL 33403	1399 N. KILLIA DR. SUITE 2 LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1986
3a. Date of Last Report: 05/09/1994
4. FEI Number: 65-0185581 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DE BANG, RICHARD
1399 N. KILLIAN DR.
UNIT 2
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	C/D ☒ Change ☐ Addition
NAME	PEARSON, FREDERICK K	12 NAME	PEARSON,FREDERICK K
STREET ADDRESS	1399 N. KILLIAN DR., STE. 2	13 STREET ADDRESS	1399 N.KILLIAN DR.STE 1
CITY-ST-ZIP	LAKE PARK FL 33403	14 CITY-ST-ZIP	LAKE PARK,FL.33403
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KENNERKENECHT, ALICE	22 NAME	KENNERKENECHT,ALICE
STREET ADDRESS	3177 MERIDIAN S. #5	23 STREET ADDRESS	(RESIGNED)
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BORINO, VINCENT	32 NAME	
STREET ADDRESS	5057 EL CLARO DR. N.	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	34 CITY-ST-ZIP	
TITLE		41 TITLE	D/P ☐ Change ☒ Addition
NAME		42 NAME	ORR,LINDA
STREET ADDRESS		43 STREET ADDRESS	1399 N.KILLIAN DR.Ste 2
CITY-ST-ZIP		44 CITY-ST-ZIP	LAKE PARK,FL.33403
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	MANVILLE,DR.RICHARD
STREET ADDRESS		53 STREET ADDRESS	13030 TOUCHSTONE PLACE
CITY-ST-ZIP		54 CITY-ST-ZIP	PALM BEACH GARDENS,FL 33410
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	de BANG,RICHARD
STREET ADDRESS		63 STREET ADDRESS	1399 KILLIAN DR.
CITY-ST-ZIP		64 CITY-ST-ZIP	LAKE PARK,FL 33403

CR2E037 (3/95)

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: Linda L. Orr Linda L. Orr 6/16/95 407-624-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
President

0010706