

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27603 (2)

1. Corporation Name

YOUTH ORCHESTRA OF FLORIDA, INCORPORATED

Principal Place of Business

1708 NO. 40 AVE.  
HOLLYWOOD FL 33021

Mailing Address

1708 NO. 40 AVE.  
HOLLYWOOD FL 33021-48483. Date Incorporated or Qualified  
07/26/19883a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

4. FEI Number

65-0063799

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIXON, MYRNA  
1721 WHITEHALL DR APT 206  
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name

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

10307 NW 70th Street

83

84 City Tamarac

FL

85 Zip Code

33321

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

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMP, MELANIE	
STREET ADDRESS	2841 NE 21 ST COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAHLER	
STREET ADDRESS	4041 NW 35TH AVENUE	
CITY-ST-ZIP	LAUDER LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, OVID	
STREET ADDRESS	3301 COLLEGE AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	WEAVER, BOB	
STREET ADDRESS	1708 N. 40 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	WEAVER, MYRA	
STREET ADDRESS	1708 N. 40 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DECKE, LOIS (MRS)	
STREET ADDRESS	309 FARMINGTON DR	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Myrna Dixon	
1.3 STREET ADDRESS	10307 N.W. 70th Street	
1.4 CITY-ST-ZIP	Tamarac, Florida 33321	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (954) 720-7180  
Date Daytime Phone # 0021594

CR2E037 (9/96)