

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27603** (2)

1. Corporation Name

YOUTH ORCHESTRA OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

1708 NO. 40 AVE.
HOLLYWOOD FL 33021

1708 NO. 40 AVE.
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified

07/26/1988

4. FEI Number

65-0063799

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

10307 NW 70th Street

83

Tamarac

84 City

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIXON, MYRNA	
STREET ADDRESS	10307 N.W. 70TH STREET	
CITY-ST-ZIP	TAMARAC 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	DEICKE, LOIS (MRS)	
STREET ADDRESS	309 FARMINGTON DR	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10307 NW 70th Street
1.4 CITY-ST-ZIP	Tamarac, FL 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Myrna Dixon T.D.

1/16/97

954-720-7180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021553

CR2E037 (10/97)