## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27603

FILED Jan 17, 2006 Secretary of State

Entity Name: ALL FLORIDA YOUTH ORCHESTRA, INCORPORATED

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1708 NO. 4	40 AVE. DOD, FL 33021				
10221111	308,12 00021				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1708 NO. 4 HOLLYWO	40 AVE. DOD, FL 33021				
El Number	: 65-0063799	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
DIXON, M 10307 NW TAMARAC	70 ST	US			
	e named entity su e of Florida.	ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUI					
	Electronic	c Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS	
Γitle:	, ,	Delete	Title:	() Change () Addition	
\ddress:	DIXON, MYRNA 10307 NW 70TH TAMARAC, FL 3		Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	10307 NW 70TH TAMARAC, FL 3	3321 Delete ELE	Address:	()Change ()Addition	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	10307 NW 70TH TAMARAC, FL 3 SD () I WHITNEY, MICH 607 LAKE BLVD WESTON, FL 33 D () I MORRISON, SAI 1317 NE 2ND ST	3321 Delete ELE 3326 Delete MUEL	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address: Address:	10307 NW 70TH TAMARAC, FL 3 SD () I WHITNEY, MICH 607 LAKE BLVD WESTON, FL 33 D () I MORRISON, SAM 1317 NE 2ND ST FORT LAUDERD	3321 Delete ELE 3326 Delete MUEL ALE, FL 333011739 Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
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I hereby certify that the information supplied with this filing does not qualify for the 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: MYRNA DIXON TD 01/17/2006