

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 14, 2006
Secretary of State

DOCUMENT# N27603

Entity Name: ALL FLORIDA YOUTH ORCHESTRA, INCORPORATED**Current Principal Place of Business:**1708 NO. 40 AVE.
HOLLYWOOD, FL 33021**New Principal Place of Business:****Current Mailing Address:**1708 NO. 40 AVE.
HOLLYWOOD, FL 33021**New Mailing Address:****FEI Number:** 65-0063799**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIXON, MYRNA
10307 NW 70 ST
TAMARAC, FL 33321 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: DIXON, MYRNA
Address: 10307 NW 70TH ST
City-St-Zip: TAMARAC, FL 33321**Title:** SD () Delete
Name: WHITNEY, MICHELE
Address: 607 LAKE BLVD
City-St-Zip: WESTON, FL 33326**Title:** D () Delete
Name: MORRISON, SAMUEL
Address: 1317 NE 2ND ST.
City-St-Zip: FORT LAUDERDALE, FL 333011739**Title:** PCD () Delete
Name: WEAVER, BOB
Address: 1708 N. 40 AVE.
City-St-Zip: HOLLYWOOD, FL 33021**Title:** SDV () Delete
Name: WEAVER, MYRA
Address: 1708 N. 40 AVE.
City-St-Zip: HOLLYWOOD, FL 33321**Title:** VPD (X) Delete
Name: FRANK, ALBERT
Address: 5028 LAKEWOOD DRIVE
City-St-Zip: COOPER CITY, FL 33330**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: JANOSIK, DAWN
Address: 703 SW 74 AVENUE
City-St-Zip: N. LAUDERDALE, FL 33068**Title:** PCD (X) Change () Addition
Name: WEAVER, MYRA
Address: 1708 N. 40 AVE.
City-St-Zip: HOLLYWOOD, FL 33021**Title:** VPD (X) Change () Addition
Name: FRANK, ALBERT
Address: 5028 LAKEWOOD DRIVE
City-St-Zip: COOPER CITY, FL 33330**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

10/14/2006

Electronic Signature of Signing Officer or Director

Date