

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 002 ****70.00

DOCUMENT # N27603 1. Entity Name ALL FLORIDA YOUTH ORCHESTRA, INCORPORATED					
Principal Place of Business 1708 NO. 40 AVE. HOLLYWOOD, FL 33021			Mailing Address 1708 NO. 40 AVE. HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<div style="display: flex; justify-content: space-between;"> 02202008 Chg-NP CR2E037 (12/06) </div>					
4. FEI Number 65-0063799				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON, MYRNA 10307-NW 70TH ST TAMARAC, FL 33321			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent; signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME DIXON, MYRNA STREET ADDRESS 10307 NW 70TH ST CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WHITNEY, MICHELE STREET ADDRESS 607 LAKE BLVD CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Mary McAlon STREET ADDRESS 6195 NW 63 Way CITY-ST-ZIP Parkland, FL 33061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME JANOSIK, DAWN STREET ADDRESS 703 SW 74 AVENUE CITY-ST-ZIP N. LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PCD NAME WEAVER, MYRA STREET ADDRESS 1708 N. 40 AVE. CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME FRANK, ALBERT STREET ADDRESS 5028 LAKEWOOD DRIVE CITY-ST-ZIP COOPER CITY, FL 33330	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MANN, MARIE STREET ADDRESS 1221 MAJESTY TERRACE CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Myrna Dixon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-18-2008 Daytime Phone #: 954-726-9260		