2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
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 (X)**

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:	S	( ) Delete
Name:	MCALOON, MARY	
Address:	6195 NW 63 WAY	
City-St-Zip:	PARKLAND, FL 33061	
Title:	VPD	( ) Delete
Name:	JANOSIK, DAWN	
Address:	703 SW 74 AVENUE	
City-St-Zip:	N. LAUDERDALE, FL 33068	
Title:	PCD	( ) Delete
Name:	WEAVER, MYRA	
Address:	1708 N. 40 AVE.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	VPD	( ) Delete
Name:	FRANK, ALBERT	
Address:	5028 LAKEWOOD DRIVE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	D	( ) Delete
Name:	MANN, MARIE	
Address:	1221MAJESTY TERRACE	
City-St-Zip:	WESTON, FL 33327	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 01/16/2009
Electronic Signature of Signing Officer or Director — Date