FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37803** **(6)**

1. Corporation Name

MASTERS CHAMBER MUSIC SOCIETY, INC.

Principal Place of Business	Mailing Address
2200 CITRUS VALLEY CIRCLE PALM HARBOR FL 34683 US	2200 CITRUS VALLEY CIRCLE PALM HARBOR FL 34683 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-3029323 — Applied For / Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CROSSLAND, FRANK N.
PRESTIGE PROFESSIONAL PARK
2651 MCCORMICK DR., SUITE 200
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	HAWVER, JOHN C.	
STREET ADDRESS	35246 US 19 N #295	
CITY ST ZIP	PALM HARBOR FL	
TITLE	D	☐ Change ☐ Addition
NAME	HAWVER, CAROLE J.	
STREET ADDRESS	35246 US 19 N #295	
CITY ST ZIP	PALM HARBOR FL	
TITLE	D	☐ Change ☐ Addition
NAME	DEAN, DUANE J.	
STREET ADDRESS	35246 US 19 N #295	
CITY ST ZIP	PALM HARBOR FL	
TITLE	D	☐ Change ☐ Addition
NAME	ZUPANSIC, JOSEPH	
STREET ADDRESS	345 ULMERTON RD SW	
CITY ST ZIP	LARGO FL	
TITLE	D	☐ Change ☐ Addition
NAME	ZUPANSIC, MARGUERITE	
STREET ADDRESS	345 ULMERTON RD SW	
CITY ST ZIP	LARGO FL	
TITLE	D	☐ Change ☐ Addition
NAME	JENNINGS, LAURICE	
STREET ADDRESS	25 BOW LANE	
CITY ST ZIP	SAFETY HARBOR FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carole J. Hawver Sec/Treas 4/25/95 (813) 785-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #