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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37803** (6)

1. Corporation Name

MASTERS CHAMBER MUSIC SOCIETY, INC.

Principal Place of Business

**2200 CITRUS VALLEY CIRCLE
PALM HARBOR FL 34883
US**

Mailing Address

**2200 CITRUS VALLEY CIRCLE
PALM HARBOR FL 34883-3103
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/20/1990

3a. Date of Last Report

05/21/1996

4. FEI Number

59-3029323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HAWVER, JOHN C.**
STREET ADDRESS **35246 US 19 N #295**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE
NAME **HAWVER, CAROLE J.**
STREET ADDRESS **35246 US 19 N #295**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE
NAME **DEAN, DUANE J.**
STREET ADDRESS **35246 US 19 N #295**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE
NAME **ZUPANSIC, JOSEPH**
STREET ADDRESS **345 ULMERTON RD SW**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE
NAME **ZUPANSIC, MARGUERITE**
STREET ADDRESS **345 ULMERTON RD SW**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE
NAME **JENNINGS, LAURICE**
STREET ADDRESS **25 BOW LANE**
CITY-ST-ZIP **SAFETY HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

[Signature] **4/22/97** **785-8851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0088876

CR2E037 (9/96)