## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39993

FILED Mar 01, 2009 Secretary of State

Entity Name: HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 600 PARKVIEW DR HALLANDALE BEACH, FL 33009 US **Current Mailing Address: New Mailing Address:** P O BOX 85084 HALLANDALE BEACH, FL 33008 US FEI Number: 65-0274175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRIEDMAN ESQ., ROBERT 1150 EAST HALLANDALE BEACH BLVD HALLANDALE, FL 33009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HAMLIN, JULIA MUSTO, ANTHONY Name: Name: 1904 S OCEAN DR #10065 Address: 1904 S OCEAN DR #TS406 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: (X) Change ( ) Addition Name: GLORIA, DUNN Name: HAMLIN, JULIA Address: 2500 E. HALLANDALE BEACH BLVD #607 Address: 1904 A. OCEAN DR #10065 City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 Title: () Delete Title: () Change () Addition FULLER, ANN Name: Name: 4004 SABLE LOOP DR. Address: Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: ( ) Delete Title: Title: () Change () Addition LOVENVIRTH, ARMIN Name: Name: Address: 600 PARKVIEW DR Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition FIRESTONE, HELEN Name: Name: 1445 ATLANTIC SHORE BLVD #210 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition KESSEL, JOSEPH Name: Name: Address: Address: 418 SUNSET DR HALLANDALE BEACH, FL 33009 City-St-Zip: 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: ANN FULLER T 03/01/2009