

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N43218** (9)  
1. Corporation Name  
**FLORIDA PHILHARMONIC ORCHESTRA FOUNDATION, INC.**



Principal Place of Business  
**1430 NORTH FEDERAL HWY.  
FT. LAUDERDALE FL 33304-1494**

Mailing Address  
**3401 NW 9TH AVE  
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**04/29/1991**

3a. Date of Last Report  
**03/02/1995**

4. FEI Number  
**65-0277025**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 **3401 NW 9th AVE**  
Suite, Apt. #, etc.  
22  
City & State  
23 **FT LAUDERDALE FL**  
Zip  
24 **33309** Country  
25 **US**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

**RUBIN, HOWARD  
3401 NW 9TH AVE  
FT. LAUDERDALE FL 33309**

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	<input checked="" type="checkbox"/> DELETE
NAME	DEINHARDT, JOHN B.	
STREET ADDRESS	2601 E. OAKLAND PARK BLV	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PORTLEY, PETER A	
STREET ADDRESS	2401E ATLANTIC BLVD	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERGER, MELVIN T.	
STREET ADDRESS	1700 SO. DIXIE HWY.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEACH, RALPH	
STREET ADDRESS	4211 NE 25 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(D) ACTING SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN E. GRAHAM	
1.3 STREET ADDRESS	3401 N.W. 9th AVE	
1.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33309	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOHN E. GRAHAM** *[Signature]* 8/5/94 (954) 561-2997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)