

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44235

FILED
Apr 28, 2009
Secretary of State

Entity Name: ATLANTIC CLASSICAL ORCHESTRA, INC.

Current Principal Place of Business:

415 AVENUE A
SUITE 301
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

415 AVENUE A
SUITE 301
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0307858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPP, LAWRENCE E MR.
415 AVENUE A
SUITE 301
FORT PIERCE, FL 34950 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: PRES () Delete
Name: GRADY, KEVIN MR.
Address: 3001 OCEAN DRIVE, SUITE 301
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: ALLEN, ELAINE MRS.
Address: 3939 OCEAN DRIVE, #PH9C
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Delete
Name: TYLER, MOLLY MRS.
Address: 5800 NE ISLAND COVE WAY, #2205
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: LAWN, RONALD K MR.
Address: 756 BEACHLAND BOULEVARD
City-St-Zip: VERO BEACH, FL 32963

Title: SEC () Delete
Name: SOFRONAS, ANNE MRS.
Address: 2065 OCEAN RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHADWELL, RICHARD MR.
Address: 511 SHORES DRIVE
City-St-Zip: VERO BEACH, FL 32963

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: LAWRENCE E KOPP

MR

04/28/2009

Electronic Signature of Signing Officer or Director

Date