

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002285 (4)**

1. Corporation Name

**THE MOSTLY POPS ORCHESTRA OF FLORIDA, INC.**



Principal Place of Business

2820 CLINTON STREET, SOUTH  
ST. PETERSBURG FL 33707

Mailing Address

4422 MOHICAN TRAIL  
VALRICO FL 33594  
US

3. Date Incorporated or Qualified  
**05/04/1994**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **502 Debbie Joy Pl**

26 **502 Debbie Joy Pl**

4. FEI Number

**59-3259861**

Applied For

Not Applicable

22 **Brandon, FL**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

23 **Brandon, FL**

28 **Brandon, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 **33511-5818** 25 **USA**

29 **33511-5818** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANSON, DOUGLAS P  
100 S. ASHLEY DRIVE  
SUITE 1190  
TAMPA FL 33602**

81 Name **Maudine D. McCall**

82 Street Address (P.O. Box Number is Not Acceptable)  
**502 Debbie Joy Place**

83

84 City **Brandon**

**FL**

85 Zip Code **33511-5818**

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 **Maudine D. McCall**

**Maudine D. McCall**

**3/18/96**

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

(NOTE: Registered Agent signature required when installing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D DEVINE, ROSE**  
STREET ADDRESS **13009 CREEK MANOR CT**  
CITY-ST-ZIP **RIVERVIEW FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Jim Whitaker**  
1.3 STREET ADDRESS **1009 Hastings Court**  
1.4 CITY-ST-ZIP **Lutz, FL 33549**

TITLE ☐ DELETE  
NAME **D MCCALL, DEANNY**  
STREET ADDRESS **502 DEBBIE JOY PLACE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE ☒ DELETE  
NAME **D ESTRADA, PENNY**  
STREET ADDRESS **804 AMANA DRIVE**  
CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE ☒ DELETE  
NAME **D MANSON, DAVID**  
STREET ADDRESS **2820 CLINTON STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

TITLE ☐ DELETE  
NAME **D SCHORGE, JOHN**  
STREET ADDRESS **4422 MOHICAN TRAIL**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE ☐ DELETE  
NAME **D HART, MICHAEL**  
STREET ADDRESS **2417 BLIND POINT AVENUE**  
CITY-ST-ZIP **LUTZ FL 33549**

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 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: **Maudine D. McCall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/96**

Date

**681-2794**

Daytime Phone #

CR2E037 (12/95)