

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002285

1. Entity Name
THE MOSTLY POPS ORCHESTRA OF FLORIDA, INC.



Principal Place of Business
502 DEBBIE JOY PLACE
BRANDON, FL 33511-5818 US

Mailing Address
502 DEBBIE JOY PLACE
BRANDON, FL 33511-5818 US



02112004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3259861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALL, MAUDINE D.
502 DEBBIE JOY PLACE
BRANDON, FL 33511

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOLLOY, CYNTHIA
STREET ADDRESS	12815 HAWK HILL DRIVE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	MCCALL, MAUDINE D
STREET ADDRESS	502 DEBBIE JOY PLACE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	TOICHTON, CHRIS
STREET ADDRESS	1109 SOUTH BOULEVARD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000079995
03/08/04-80090-020 61.25

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maudine D. McCall Maudine D. McCall 3/3/04 813-681-2794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER