2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002285

FILED Jan 26, 2006 Secretary of State

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

Current Principal Place of Business:	New Principal Place of Business:
502 DEBIIE JOY PLACE	105 N BURLINGAME AVE
BRANDON, FL 335115818 US	TEMPLE TERRACE, FL 33617 US

Current Mailing Address: New Mailing Address:

502 DEBBIE JOY PLACE
BRANDON, FL 335115818 US

105 N BURLINGAME AVE
TEMPLE TERRACE, FL 33617 US

FEI Number: 59-3259861 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:

MCCALL, MAUDINE D.

502 DEBBIE JOY PLACE
BRANDON, FL 33511 US

SLYKER, ASHLEIGH W

105 N BURLINGAME AVE
TEMPLE TERRACE, FL 33617 US

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: ASHLEIGH W SLYKER 01/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete AARON, JO LEACOCK, TOM Name: Name: Address: 1806 S. ST CLOUD AVE Address: 18909 PEBBLE RUN WAY City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33647 Title: Title: D (X) Change () Addition () Delete Name: MCCALL, MAUDINE D Name: AARON, JO Address: 502 DEBBIE JOY PLACE Address: 1806 S ST. CLOUD AVE. City-St-Zip: BRANDON, FL 33511 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: () Change () Addition ELDON, PAYNE Name: Name: 4110 OBISPO STREET Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: SLYKER, ASHLEIGH W 105 N BURLINGAME AVE Address: Address: City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 33617 Title: () Delete Title: () Change (X) Addition OCKERT, PAT Name: Name: 2103 S OCCIDENT ST. Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ASHLEIGH W SLYKER D 01/26/2006