

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90378 003 ****61.25

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04092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000003017 1. Entity Name YOUTH ORCHESTRA OF PALM BEACH COUNTY, INC.					
Principal Place of Business 326 CROTON WAY #1 WEST PALM BEACH, FL 33401 US			Mailing Address P O BOX 1866 BOCA RATON, FL 33429 US		
2. Principal Place of Business 701 Okeechobee Blvd. Suite, Apt. #, etc. Suite 210 City & State West Palm Beach, FL Zip 33401		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		4. FEI Number 65-0515153 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent OLIVER, KRISTEN 2931 NW 28TH TERR. BOCA RATON, FL 33434	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVALL, MILLICENT 6850 GRANDE DR. N BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GELFAND, MICHAEL 1 CLEARLAKE CENTER, STE. 1010 WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, RANDY 4558 PALO VERDE DR BOYNTON, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Aronson, Alan 8886 Indian River Run Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLOOM, MITCHELL 18442 ALYDAR WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIERMAN, ABIGAIL 4748 S OCEAN BLVD HIGHLAND BEACH, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGEN, YALE 18033 RHUMBA WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CD
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Yale Bogen</u> <u>4-26-2006</u> <u>561-281-8600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					