2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003017

FILED Mar 27, 2007 Secretary of State

Entity Name: YOUTH ORCHESTRA OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 701 OKEECHOBEE BLVD STE 210 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** P O BOX 1866 BOCA RATON, FL 33429 US FEI Number: 65-0515153 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: OLIVER, KRISTEN 2931 NW 28TH TERR. BOCA RATON, FL 33434 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DUVALL, MILLICENT Name: Name: 6850 GRANDE DR. N Address: Address: City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: Title: () Delete Title: () Change () Addition GELFAND, MICHAEL Name: Name: Address: 1 CLEARLAKE CENTER, STE, 1010 Address: City-St-Zip: WEST PALM BEACH, FL US City-St-Zip: Title: () Delete Title: (X) Change () Addition ARONSON, ALAN CAMPPBELL, GREGORY Name: Name: 8886 INDIAN RIVER RUN 2895 SW 22ND CIRCLE 45D Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 US City-St-Zip: DELRAY BEACH, FL 33445 US Title: () Delete Title: CD (X) Change () Addition Name: BLOOM, MITCHELL Name: BOGEN, YALE 18033 RHUMBA WAY Address: 18442 ALYDAR WAY Address: City-St-Zip: BOCA RATON, FL 33496 US City-St-Zip: BOCA RATON, FL 33496 US Title: () Delete Title: (X) Change () Addition THIERMAN, ABIGAIL RUSSELL, ANNABEL Name: Name: 4748 S OCEAN BLVD 4560 NW 5TH AVE Address: Address: City-St-Zip: HIGHLAND BEACH, FL 33431 US City-St-Zip: BOCA RATON, FL 33431 US Title: (X) Delete Title: () Change () Addition BOGEN, YALE Name: Name: Address: 18033 RHUMBA WAY Address: BOCA RATON, FL 33496 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: MICHAEL GELFAND PRES 03/27/2007