

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90064 005 \*\*\*\*70.00

**24002246**



<b>DOCUMENT # N94000005416</b> 1. Entity Name <b>THE FLORIDA ORCHESTRA GUILD/TAMPA, INC.</b>																																																																																																																																									
Principal Place of Business 101 S. HOOVER BLVD., #100 TAMPA, FL 33609 US			Mailing Address 101 S. HOOVER BLVD., #100 TAMPA, FL 33609 US																																																																																																																																						
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		4. FEI Number <b>59-3296303</b>																																																																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent  <b>DEVER, CHRISTINE A</b> <b>C/O THE FLORIDA ORCHESTRA</b> <b>101 S. HOOVER BLVD, #100</b> <b>TAMPA, FL 33609</b>																																																																																																																																									
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>BERTELSTEIN, GAYLE F</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>5110 W. LONGFELLOW AVE. TAMPA, FL 33629</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>RAAB, JUDY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>13616 WATERFALL WAY TAMPA, FL 33624</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>EHRENPREIS, RITA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>17408 BROWN ROAD ODESSA, FL 33556</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>GEORGE, NITA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>1129 ABBEWS WAY TAMPA, FL 33602</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>HERSHMAN, CAROLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>15708 COCHESTER DR TAMPA, FL 33647</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Rinda Restall</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>17833 Green Willow Dr Tampa, FL 33647</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Jane Strong</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>501 Knights Run #1202 Tampa FL 33602</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Stephanie Betz</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>17905 Arbor Green Dr Tampa FL 33647</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Norienne Hyde</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>10449 Greenhills Dr Tampa FL 33626</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS		BERTELSTEIN, GAYLE F		CITY-ST-ZIP		5110 W. LONGFELLOW AVE. TAMPA, FL 33629		TITLE	D	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS		RAAB, JUDY		CITY-ST-ZIP		13616 WATERFALL WAY TAMPA, FL 33624		TITLE	D	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		EHRENPREIS, RITA		CITY-ST-ZIP		17408 BROWN ROAD ODESSA, FL 33556		TITLE	D	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		GEORGE, NITA		CITY-ST-ZIP		1129 ABBEWS WAY TAMPA, FL 33602		TITLE	D	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS		HERSHMAN, CAROLE		CITY-ST-ZIP		15708 COCHESTER DR TAMPA, FL 33647		TITLE	D	NAME	Delete <input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS		Rinda Restall		CITY-ST-ZIP		17833 Green Willow Dr Tampa, FL 33647		TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS		Jane Strong		CITY-ST-ZIP		501 Knights Run #1202 Tampa FL 33602		TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS		Stephanie Betz		CITY-ST-ZIP		17905 Arbor Green Dr Tampa FL 33647		TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS		Norienne Hyde		CITY-ST-ZIP		10449 Greenhills Dr Tampa FL 33626		TITLE	D	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	D	NAME	Delete <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		BERTELSTEIN, GAYLE F																																																																																																																																							
CITY-ST-ZIP		5110 W. LONGFELLOW AVE. TAMPA, FL 33629																																																																																																																																							
TITLE	D	NAME	Delete <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		RAAB, JUDY																																																																																																																																							
CITY-ST-ZIP		13616 WATERFALL WAY TAMPA, FL 33624																																																																																																																																							
TITLE	D	NAME	Delete <input type="checkbox"/>																																																																																																																																						
STREET ADDRESS		EHRENPREIS, RITA																																																																																																																																							
CITY-ST-ZIP		17408 BROWN ROAD ODESSA, FL 33556																																																																																																																																							
TITLE	D	NAME	Delete <input type="checkbox"/>																																																																																																																																						
STREET ADDRESS		GEORGE, NITA																																																																																																																																							
CITY-ST-ZIP		1129 ABBEWS WAY TAMPA, FL 33602																																																																																																																																							
TITLE	D	NAME	Delete <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		HERSHMAN, CAROLE																																																																																																																																							
CITY-ST-ZIP		15708 COCHESTER DR TAMPA, FL 33647																																																																																																																																							
TITLE	D	NAME	Delete <input type="checkbox"/>																																																																																																																																						
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		Rinda Restall																																																																																																																																							
CITY-ST-ZIP		17833 Green Willow Dr Tampa, FL 33647																																																																																																																																							
TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		Jane Strong																																																																																																																																							
CITY-ST-ZIP		501 Knights Run #1202 Tampa FL 33602																																																																																																																																							
TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		Stephanie Betz																																																																																																																																							
CITY-ST-ZIP		17905 Arbor Green Dr Tampa FL 33647																																																																																																																																							
TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																																																																																																																																						
STREET ADDRESS		Norienne Hyde																																																																																																																																							
CITY-ST-ZIP		10449 Greenhills Dr Tampa FL 33626																																																																																																																																							
TITLE	D	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																																																						
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
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.																																																																																																																																									
<b>SIGNATURE:</b> <i>Vernita M George</i> <b>Vernita M George</b> <i>1/15/04</i> <b>813-221-3523</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>																																																																																																																																									