2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
07-20-2006 90001 025 ****70.00

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07102006 Chg-NP CR2E037 (4/06)

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1. Entity Name
THE FLORIDA ORCHESTRA GUILD/TAMPA, INC.

Principal Place of Business	Mailing Address
101 S. HOOVER BLVD., #100 TAMPA, FL 33609 US	101 S. HOOVER BLVD., #100 TAMPA, FL 33609 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3296303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAS, MARIANNE 101 S. HOOVER BLVD, #100 TAMPA, FL 33609	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MCCARTHY, JAN 1012 SYLVIA LANE TAMPA, FL 33613	☐ Delete V.P., PR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WOODS, KATHERINE 1319 LENOX GREENS DR. SUN CITY CENTER, FL 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGONIGEL, CAROLYN 501 NANTUCKET DR. TEMPLE TERRACE, FL 33617	☐ Delete V.P. communication	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DESLOOVERE, MURIEL 6600 SUNSET WAY, #410 ST. PETE BEACH, FL 33706
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAAB, JUDY 13616 WATERFALL WAY TAMPA, FL 33624	☐ Delete V.P. EDUCATION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLER, DOROTHY 10626 CARROLLBROOK LANE TAMPA, FL 33618
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, NITA 1129 ABBEWS WAY TAMPA, FL 33602	☐ Delete PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FORD, JOYCE 1010 ROYAL PASS RD. TAMPA, FL 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETZ, STEPHANIE 17503 EDINBURGH DR TAMPA, FL 33647	☐ Delete TREAS.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYDE, NORANNE 10449 GREEN LINKS DR TAMPA, FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: Jan McCarthy Jan McCarthy 7/13/06 813-961-5362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #