Apr 24 07 04:01p John Woods

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90020 023 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005416

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

04232007 No Chg-NF CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MAS, MARIANNE
101 S. HOOVER BLVD, #100
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~VPDP~~ PE
NAME	MCCARTHY, JAN
STREET ADDRESS	1012 SYLVA LANE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VPC
NAME	MCGONIGEL, CAROLYN
STREET ADDRESS	501 NANTUCKET DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	VPE
NAME	~~RANE, JUDY~~ RUBENSTEIN, IRENE
STREET ADDRESS	~~13616 WATERFALL WAY~~ 4805 W. BEACH PARK DR
CITY-ST-ZIP	TAMPA, FL ~~33624~~ 33609-3619
TITLE	P VPP.
NAME	~~GEORGE, NITA~~ COOK, REBA
STREET ADDRESS	~~1438 ABBEWG WAY~~ 30313 N. 53rd.
CITY-ST-ZIP	~~TAMPA, FL 33602~~ TEMPLE TERRACE, FL 33617
TITLE	T
NAME	~~BETZ, STEPHANIE~~ GLAZER, MARJORIE
STREET ADDRESS	~~17503 EDINBURGH DR~~ 9709 GRETNA GREEN DR
CITY-ST-ZIP	TAMPA, FL ~~33647~~ 33626
TITLE	~~PE~~ P
NAME	WOODS, KATHERINE
STREET ADDRESS	319 LENOX GREENS DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33570

DO NOT WRITE IN THIS SPACE

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 Marjorie Glazer MARJORIE GLAZER 4-27-07 8139260087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #