


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 008 ****70.00

DOCUMENT # N94000005416 1. Entity Name THE FLORIDA ORCHESTRA GUILD/TAMPA, INC.					
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 - No P.O. Box # 10 CARROLLWOOD CULTURAL CTR Suite, Apt. #, etc. 4537 LOWELL RD			3. Mailing Address 10 CARROLLWOOD CULTURAL CTR Suite, Apt. #, etc. 4537 LOWELL RD		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33618		Country USA		Zip 33618	
Country USA		4. FEI Number 59-3296303			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAS, MARIANNE 101 S. HOOVER BLVD, #100 TAMPA, FL 33609					
7. Name and Address of New Registered Agent Name JAN MCCARTHY Street Address (P.O. Box Number is Not Acceptable) 1012 SYLVIA LANE City TAMPA FL Zip Code 33613					
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 <i>Jan McCarthy</i> Jan McCarthy 5/5/08 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	MCCARTHY, JAN 1012 SYLVIA LANE TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, JAN 1012 SYLVIA LANE TAMPA, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC MCGONIGEL, CAROLYN 501 NANTUCKET DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTTON, MARTHA 4418 CARROLLWOOD VILLAGE DR. TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE RUBENSTEIN, IRENE 4805 W. BEACH PARK DR. TAMPA, FL 336093619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMBR DENTINGER, SUSAN 9509 GREENPOINTE DR TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, REBA 30313 N. 53 ST. TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPPR KREISCHEE, GEGE 608 COLEBROOK CT WRTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLAZER, MARJORIE 9709 GREYNA GREEN DR. TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE GLAZER MARJORIE 9709 GREYNA GREEN DR. TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WOODS, KATHERINE 1319 LENOX GREENS DR SUN CITY CENTER, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE MARSHALL, MIA 10460 GREENBALE DR TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Marjorie Glazer</i> MARJORIE GLAZER 5/5/08 813 926 0087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					