FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400006339 (5)

YOUNG ARTIST'S CHAMBER ORCHESTRA, INC.

Principal Place of Business Mailing Address

8534 NW 21 MANOR

CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6266

FILED Jan 30 1997 8:00am Secretary of State



CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071-6266				
					3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 05/21/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0547722	Applied For
21		26		05-0547722	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	L_c	ountry	8. This corporation has liability for	
24	25	29	30		110:100 0101010	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
				81 Name	-	l
	HELLER, RICHARD D				ress (P.O. Box Number is Not Acceptab	ıle)
C/O TRIPP, SCOTT, CONKLIN & SMITH						
	6TH ST., 28TH FL, 110 TOWER			83		
FT LAUD	ERDALE FL 33302			84 City		FL 85 Zip Code
44 Durament I	a the provisions of Sections 617.05.03	and 617 1508 Florida Stati	itas the	above-pamed corr	poration submits this statement for the p	jurnose of changing its registered
office or re	poistered agent, or both, in the State (of Florida. Such change was	: authori:	zed by the corpora	tion's board of directors. Thereby accep	of the appointment as registered
-	n familiar with, and accept the obliga	lions of, Section 617.0503, F	iorioa S	tatutes.		
SIGNATURE	Signature, typod or printed name of registered ager	ii and title if applicable (NC	TE Regist	ered Agent's gnature requ	red when reinstating)	DATE
12.	OFFICERS AND	····	13	3.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1	TITLE		Change Addition
NAME	DOWNING, BRENDA R.		1.3	? NAME		
STREET ADDRESS	8534 NW 21 MANOR		1.3	STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4	4 CITY - S1 - ZIP		
TITLE	D	DELETE	2.	TITLE		☐ Change ☐ Addition
NAME	PRICE, JAMES		2.3	? NAMÉ		
STREET ADDRESS	8900 NW 77 CT APT 121		2.	3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		2.	4 City - St - ZiP		
TITLE	D DELETE		3.	1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, MARVIN		3.	2 NAME		
STREET ADDRESS	3430 SADDLEBROOK LANE		3.3	3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33331		3.	4. CITY - ST - ZIP		
TITLE	D	☐ DELETE	4	1 TITLE		Change Addition
NAME	NEWMAN, GAIL D		4	2 NAME		
STREET ADDRESS	3430 SADDLEBROOK LANE		4	3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33331		4.	4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5.	1 TITLE		Change Addition
NAME	BYO, SUSAN J.		5.	2 NAME		
STREET ADDRESS	1021 NW 107 AVE.		5.	3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		5.	4 CITY-ST-ZIP		
TITLE	D	DELETE	6.	1 TITLE		Change Addition
NAME	SIMMONS, WENDELL		6.	2 NAME		
STREET ADDRESS	5240 SW 4 CT.		6.	3 STREET ADDRESS		
CiTY-\$T-ZIP	PLANTATION FL 33317			4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplied	d with this filling does not qua	alify for t	he exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

14. I do 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 annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address.

1-97 954-244-2415