FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 👺. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N95000003299 (3)

ATI ANTIC SYMPHONY ODCUESTON	INIC

ATLA	NTIC SYMPHONY ORCHES	STRA, INC.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	 	I ((0)) (0)() (0)	
Principal Plac	ce of Business	Mailing Addres						. 88%, 88%, 8888 (#		
2150 LAKE COCOA FL		2150 LAKE COCOA FL								
2. Principal 6	Place of Business	0				07/12	orated or Qualified 2/1995	3a. Date of La	est Report	
21	STORY OF DEGITIESS	2a. Mailing Add	dress			4- FEI Number	378057	L	Applied For	
Suite, Apt	#, etc.	Suite, Apt.	# etc			3 7-3	378057		Not Applicable	
22		27	, 0.0.			Certificate of	Status Desired	S8.1	75 Additional	
City & State City & State		9			6. Election Can	npaign Financing		e Required		
23		28				Trust Fund C			.00 May Be ded to Fees	
Zip 24	Country	Zip		Country		8. This corpora	tion has liability for in	tangible tax under	s. 199 032	
<u> </u>	25 9. Name and Address of Curre	29		30		Florida Statu	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	The state of the s	ur ueðisteist Mösli	<u> </u>	81	Name	10. Name and I	Address of New Re	gistered Agent		
CHRIST	T O.1			[0.]						
	AKE DRIVE			82	Street A	Address (P.O. Box Numb	er is Not Acceptable)		
	A FL 32926			83			***************************************			
				84	City				Zip Code	
11. Pursuant	to the provisions of Sections 617.050 agent, or both, in the State of Flor	2 and 617.1508, Florid	da Statutes, t	the above-n	amed cor	poration submits this sta	atement for the pure	FL S		
familiar w	red agent, or both, in the State of Flor ifth, and accept the obligations of, Sec	ida. Such change was tion 617.0503. Florida	s authorized t Statutes	by the corpo	pration's b	oard of directors. I here	by accept the appoir	ntment as registere	s registered office ad agent. I am	
SIGNATURE			- Talling,							
12.	Signature, typod or printed name of registered agen		(NOIE F	Registered Agent	signature rec	quired when reinstating)		DATE		
TITLE	PRESIDENT/D	D DIRECTORS		13.		ADDITIONS/0	CHANGES TO OFFIC		IORS IN 12	
NAME	O. J. W. CHRIST	. <u>D</u> DE	LEIE	1.1 TITLE				Change	Addition	
STREET ADDRESS	1		1.2 NAMÉ							
CITY-ST-ZIP	EUCOA FL 3292	L	V	1.3 STREET						
TITLE	VICE PREJIVENT		TTC	1.4 CITY - ST	-ZIP					
NAME	VERA WALKER		, t. IC	21 TITLE				Change	Addition	
STREET ADDRESS	28 MITCHELL S			2.2 NAME	.					
CITY-ST-ZIP	CUCOA, FL, 329		1	2.3 STREET A	· I					
TITLE	SE(RETARY/1)	□DEI	FTE	2. 4 CITY-ST 3.1 TITLE	- ZIP				******	
NAME	124TH 194002/AK	owsk 1		3.2 NAME				☐ Change	Addition	
STREET ADDRESS	2515 HERITAGE			3.3 STREET A	DDBESS I				ļ	
CITY-ST-ZIP	THUS VILLE, FL.	32780		3.4. CITY - ST						
TITLE	TREASURER 10	D€l	.ETE	4.1 TITLE				☐ Change	Addilion	
NAME	BETTY ARMISTI	AU		4. 2 NAME				Change	Addition	
STREET ADDRESS	SOCKLEDGE EL,	AD		4.3 STREET A	DDRESS	Son	nn100			
CITY-ST-ZIP	ROCKLEDGE, FL,	32955		4.4 CITY - ST	ZIP	-05/2	00183 3/960108 .25	1313 nn19		
TITLE	·	□D£ſ	ETE	5.1 TITLE		***61	. 25	Change	Addition	
NAME EIDELT ADDOCOC				5.2 NAME						
STREET ADDRESS				5 3 STREET A	DORESS					
CITY-ST-ZIP TITLE			5 Y F	5.4 C/TY-ST-	ZIP				ļ	
NAME		□DEL	t I E	6.1 TITLE				☐ Change	Addition	
STREET ADDRESS				6.2 NAME				6]	
CITY-ST-ZIP				6.3 STREET A				7	193	
	V Certify that the information cumplied	dile and green in the		6.4 CITY-S1-	ZIP				100 72	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: O.J. W. CHRIST OW ONLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR 27 april, 1996 407-632-7445