


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90302 039 ****70.00

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1. Entity Name
 ORANGE BLOSSOM COUNTRY MUSIC ASSOCIATION, INC.



Principal Place of Business
 9510 GENE STREET
 HUDSON, FL 34669
*6145 ARAGON AVE
 New Port Richey Fl. 34653*

Mailing Address
 9510 GENE STREET
 HUDSON, FL 34669
*6145 ARAGON AVE
 New Port Richey Fl. 34653*

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04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3479706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, SHARON
 9300 OTTAWA ST.
 NEW PORT RICHEY, FL 34854
*BEVERLY LAVERTU
 6145 ARAGON AVE
 New Port Richey Fl. 34653*

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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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP LAVERTU, BEVERLY 9510 GENE ST. HUDSON, FL 34669 <i>6145 ARAGON AVE New Port Richey Fl. 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES BACHELLOR, JACKIE 10505 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMERS, WILLIAM 9502 GENE ST. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETD FUITON, THERSA 9510 GENE ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEEM, SUE 9502 GENE ST. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINCEL, JIM 12709 WOODCHUCK WAY HUDSON, FL 34667

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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: *Dorely E. Demers* Date: *4-20-06* Daytime Phone #: *727 8492509*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR