2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90018 023 ****70.00

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1. Entity Name

ORANGE BLOSSOM COUNTRY MUSIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6145 ARAGON AVE NEW PORT RICHEY FL 34653	6145 ARAGON AVE NEW PORT RICHEY FL 34653

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3479706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVERTU BEVERLY 6145 ARAGON AVE NEW PORT RICHEY FL 34653	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Beverly LAVERTU Beverly Lavertu DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CEOP LAVERTU, BEVERLY 6145 ARAGON AVE NEW PORT RICHEY FL 34653	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ES BACHELLOR, JACKIE 10505 KITTEN TRAIL HUDSON FL 34669	☒ Delete	Michelle Triplett 6910 W. Waters Ave. #200 Tampa. Fl 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEMERS, WILLIAM 9502 GENE ST. HUDSON FL 34669	☒ Delete	Anthony Benoit 10139 S. Heatherhill Terr Inverness, Fl 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ETD FUITON, THERSA 9510 GENE ST HUDSON FL 34669	☒ Delete	Renee ELDER 13337 Vivian LN Hudson FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEEM, SUE 9502 GENE ST. HUDSON FL 34669	☒ Delete	LELAND ELDER 13337 Vivian LN Hudson FL 34669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINCEL, JIM 12709 WOODCHUCK WAY HUDSON FL 34667	☒ Delete	Mbrship Dir Beth Evans 4839 Willow Dr., Land O' Lakes 34639	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Beverly Lavertu Beverly LAVERTU 2/5/07 727 8492509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #