

**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



DOCUMENT # N97000006895
1. Entity Name
ORANGE BLOSSOM COUNTRY MUSIC ASSOCIATION, INC.

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

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E037 (10/06)

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
**LAVERTU BEVERLY
6145 ARAGON AVE
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent
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* (Signature, typed or printed name of registered agent and title if applicable.)
DATE: *Beverly Lavertu* (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: CEOP NAME: LAVERTU, BEVERLY STREET ADDRESS: 6145 ARAGON AVE CITY-STATE-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ES NAME: BACHELLOR, JACKIE STREET ADDRESS: 10505 KITTEN TRAIL CITY-STATE-ZIP: HUDSON FL 34669	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Michelle Triplett STREET ADDRESS: 6910 W. Waters Ave. #200 CITY-STATE-ZIP: Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: DEMERS, WILLIAM STREET ADDRESS: 9502 GENE ST. CITY-STATE-ZIP: HUDSON FL 34669	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Anthony Benoit STREET ADDRESS: 10139 S. Heatherhill Terr CITY-STATE-ZIP: Inverness, FL 34492	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ETD NAME: FUITON, THERSA STREET ADDRESS: 9510 GENE ST CITY-STATE-ZIP: HUDSON FL 34669	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Renee Elder STREET ADDRESS: 13337 Vivian Ln CITY-STATE-ZIP: HUDSON FL 34665	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KLEEM, SUE STREET ADDRESS: 9502 GENE ST. CITY-STATE-ZIP: HUDSON FL 34669	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: LELAND ELDER STREET ADDRESS: 13337 Vivian Ln CITY-STATE-ZIP: HUDSON FL 34665	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PINCEL, JIM STREET ADDRESS: 12709 WOODCHUCK WAY CITY-STATE-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Mrs. Beth Evans STREET ADDRESS: 4839 Willow Dr., Land O' Lakes CITY-STATE-ZIP: 34639	<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 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