

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 004 \*\*\*\*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 #

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**

1st MOORE CR2E037 (10/07)

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 **Beverly Lavertu**  
 Street Address (P.O. Box Number is Not Acceptable) **6145 ARAGON AVE**  
 City **New Port Richey** FL Zip Code **34653**

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 filer, if applicable.

(NOTE: Registered Agent signature required when re-registering)

**5/5/08**

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2008**

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

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	LAVERTU, BEVERLY	
STREET ADDRESS	6145 ARAGON AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	ES	<input type="checkbox"/> Delete
NAME	TRIPLETT, MICHELLE	
STREET ADDRESS	6910 W. WATERS AVE., 200	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENOIT, ANTHONY	
STREET ADDRESS	10139 S. HEATHERHILL TERR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	ETD	<input type="checkbox"/> Delete
NAME	ELDER, RENEE	
STREET ADDRESS	13337 VIVIAN LN	
CITY-ST-ZIP	HUDSON FL 34665	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDER, LELAND	
STREET ADDRESS	13337 VIVIAN LN.	
CITY-ST-ZIP	HUDSON FL 34665	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, BETH	
STREET ADDRESS	4839 WILLOW DR.	
CITY-ST-ZIP	LAND O LAKES FL 34639	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* CEO *Beverly Lavertu* CEO **5/5/08**