

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90301 041 ***61.25

DOCUMENT # N98000000103

1. Entity Name
MANASOTA POPS ORCHESTRA, INC.



Principal Place of Business
**P O BOX 14191
BRADENTON, FL 34280-4191**

Mailing Address
**P O BOX 14191
BRADENTON, FL 34280-4191**

44039110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1694954

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BARNUM, BARBARA
1225 CORNISH CT
SARASOTA, FL 34232**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **BARNUM, BARBARA**
STREET ADDRESS **1225 CORNISH CT**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **GRIGOLI, DEIRDRE**
STREET ADDRESS **6249 AVENTURA DR**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☒ Delete
NAME **CONNOR, LUCILLE**
STREET ADDRESS **656 FORT DUGUESNA DR.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

SD ☐ Change ☒ Addition
NAME **SCHOENKNECHT, GAY**
STREET ADDRESS **3601 E. BAY DR.**
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

D ☐ Delete
NAME **JENSEN, DALE**
STREET ADDRESS **805 PENNSYLVANIA WAY**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
NAME **LOWE, SHERYL**
STREET ADDRESS **6215 26TH AVE EAST**
CITY-ST-ZIP **BRADENTON, FL 34208**

D ☐ Change ☒ Addition
NAME **SCHOENKNECHT WERNER**
STREET ADDRESS **3601 E. BAY DR.**
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

D ☐ Delete
NAME **CAVANAUGH, ELLEN**
STREET ADDRESS **1805 APEX RD #C**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara J. Barnum* **BARBARA J. BARNUM** **TREASURER** **4/23/04** **941/378-0565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #