


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90118 033 ****61.25

DOCUMENT # N98000002758 1. Entity Name THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES, INC.					
Principal Place of Business 101 SOUTH HOOVER BLVD., STE. 100 TAMPA, FL 33609			Mailing Address PO BOX 6301 CLEARWATER, FL 33758 US		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLAUGHTER, JOHN E JR 1253 PARK STREET CLEARWATER, FL 33756				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBENDORFF, DIANE W		NAME		
STREET ADDRESS	1565 OAKADIA LN		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	CPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASSON, MARGARET M		NAME		
STREET ADDRESS	3700 EMBASSY CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAULER, ELSA		NAME	DS LAURA LONGO	
STREET ADDRESS	3257 TANGLEWOOD TRAIL		STREET ADDRESS	510 PURPLE FINCH WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	TD <input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUGHTON, REBECCA		NAME	REINHARD OPITZ	
STREET ADDRESS	1515 BAYSHORE BLVD, #28		STREET ADDRESS	225 ORLANDO RD	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	DS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURKINGTON, CEIL		NAME		
STREET ADDRESS	415 PAPAYA LN		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, RONALD & DALE		NAME	LIONEL GILLOTTI	
STREET ADDRESS	1001 STARKEY ROAD, # 374		STREET ADDRESS	2842 COUNTRY WOODS LN	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	PALM HARBOR, FL 34683	
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 the empowered.					
SIGNATURE: <i>R. Opitz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/07 727-586-3669 <small>Date Daytime Phone #</small>		