2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002758

FILED Mar 19, 2008 Secretary of State

Entity Name: THE FLORIDA ORCHESTRA/NORTH SUNCOAST ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business:

101 SOUTH HOOVER BLVD., STE. 100 244 2ND AVE. N TAMPA, FL 33609

SUITE 421

ST. PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

PO BOX 6301

CLEARWATER, FL 33758 US

FEI Number: 59-3474423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLAUGHTER, JOHN E JR 1253 PARK STREET CLEARWATER, FL 33756

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.

SIGNATURE:

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPD (X) Change () Addition () Delete DUBENDORFF, DIANE W ANDERSON, RON Name: Name:

1565 OAKADIA LN Address: 1001 STARKEY ROAD, #374 Address:

City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: LARGO, FL 33771

Title: CPD () Delete Title: (X) Change () Addition PASSON, MARGARET M Name: ANDERSON, DALE Name:

Address: 3700 EMBASSY CIR Address: 1001 STARKEY ROAD, #374

City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: LARGO, FL 33771

Title: DS () Delete Title: () Change () Addition

LONGO, LAURA Name: Name: Address: 520 PURPLE FINCH WAY Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip:

(X) Change () Addition Title: TD () Delete Title: TD REINHARD, OPITZ JONSON, WILLIAM C Name: Name:

225 ORLANDO RD 2694 REDFORD COURT W Address: Address: City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: CLEARWATER, FL 33761

Title: () Delete Title: VD (X) Change () Addition

GILIOTTI, LIONEL GUZIK, JOHANNA Name: Name: 2842 COUNTRY WOODS LN 825 PEGGY RAY DRIVE Address: Address: DUNEDIN, FL 34698 City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. JONSON TD 03/19/2008