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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003737

1. Corporation Name
THE CHAMBER ORCHESTRA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~841 SEDDON COVE WAY~~ ~~TAMPA FL 33602~~	~~841 SEDDON COVE WAY~~ ~~TAMPA FL 33602~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1002 S HARBOUR IS. BLVD	26 P.O. BOX 892 NA	06/24/1998
Suite, Apt. #, etc. 22 # 1310	Suite, Apt. #, etc. 27	4. FEI Number 59-3556041 ☐ Applied For ☐ Not Applicable
City & State 23 TAMPA FL	City & State 28 TAMPA, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33602 Country 25 U.S.	Zip 29 33602 Country 30 U.S	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORMIER, RICHARD
~~841 SEDDON COVE WAY~~
~~TAMPA FL 33602~~
P.O. Box 892
~~1002 S. HARBOUR ISLAND BLVD~~
TAMPA FL. 33602

10. Name and Address of New Registered Agent

81 Name RICHARD CORMIER
82 Street Address (P.O. Box Number is Not Acceptable) 4109 A S MACDILL AVE
83 C/O RAHEN
84 City TAMPA FL 85 Zip Code 33611

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD CORMIER		1.2 NAME	
STREET ADDRESS	P.O. BOX 892		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	NA	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RANDI L RAHEN C.P.A		2.2 NAME	
STREET ADDRESS	4109 A S MACDILL		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOANN L CORMIER		3.2 NAME	
STREET ADDRESS	P.O. BOX 892		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED RICHARD CORMIER 17 Apr 99 813-273-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #