

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90685 048 \*\*\*\*61.25

<b>DOCUMENT # N98000003737</b>					
<b>1. Entity Name</b> THE CHAMBER ORCHESTRA OF FLORIDA, INC.					
<b>Principal Place of Business</b> 1002 S HARBOUR IS BLVD #1310 TAMPA, FL 33602			<b>Mailing Address</b> PO BOX 892 TAMPA, FL 33602		
<b>2. Principal Place of Business</b> 4109 S. Macdill Ave		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State			
Zip 33611		Country USA		Zip	
Country		Zip		Country	
<b>4. FEI Number</b> 59-3506041					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> CORMIER, RICHARD 4109 A S MACDILL AVE C/O BARON TAMPA, FL 33611					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
Zip Code					
FL					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD	<b>NAME</b> CORMIER, RICHARD				
<b>STREET ADDRESS</b> PO BOX 892	<b>CITY-ST-ZIP</b> TAMPA, FL 33601				
<input type="checkbox"/> Delete					
<b>TITLE</b> D	<b>NAME</b> RAHEN, CPA, RANDI L				
<b>STREET ADDRESS</b> 4109A S MACDILL	<b>CITY-ST-ZIP</b> TAMPA, FL 33611				
<input type="checkbox"/> Delete					
<b>TITLE</b> D	<b>NAME</b> CORMIER, JOANN L				
<b>STREET ADDRESS</b> PO BOX 892	<b>CITY-ST-ZIP</b> TAMPA, FL 33602				
<input type="checkbox"/> Delete					
<b>TITLE</b> 	<b>NAME</b> 				
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<input type="checkbox"/> Delete					
<b>TITLE</b> 	<b>NAME</b> 				
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<input type="checkbox"/> Delete					
<b>TITLE</b> 	<b>NAME</b> 				
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<input type="checkbox"/> Delete					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Randi L. Rahen</i> <i>Randi L. Rahen</i> <i>4/28/04</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					