

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

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1. Corporation Name

TREASURE COAST POPS ORCHESTRA, INC.

Principal Place of Business

2007 SW IMPORT DR
PORT ST LUCIE FL 34953

Mailing Address

2007 SW IMPORT DR
PORT ST LUCIE FL 34953



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ELDREDGE, DOROTHY
2007 SW IMPORT DR
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PHILLIPS, RALPH
STREET ADDRESS 709 SOUTH 8TH ST
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE D
NAME GOODWIN, LOIS
STREET ADDRESS 5414 SHANNON DR
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE D
NAME EDMONDS, CATHY
STREET ADDRESS 6105 SOUTH INDIAN RIVER DR
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D
NAME ELDREDGE, DOROTHY
STREET ADDRESS 2007 SW IMPORT DR
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE D
NAME PHILLIPS, GINGER
STREET ADDRESS 709 SOUTH 8TH ST
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE D
NAME STEIN, JANET
STREET ADDRESS 5409 SOUTH INDIAN RIVER DR
CITY-ST-ZIP FORT PIERCE FL 34982

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Dorothy E. Phillips* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

1-561-336-2414

Daytime Phone #

CR2E037 (1/98)