

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 10 PM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710099 (3)

1. Corporation Name

PINELLAS YOUTH SYMPHONY, INC.

Principal Place of Business

Mailing Address

C/O TEIAH K. HESTER
P.O. BOX 40044
ST. PETERSBURG FL 33743

C/O TEIAH K. HESTER
P.O. BOX 40044
ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1985

3a. Date of Last Report
05/01/1994

4. FEI Number
59-6173059

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESTER, TEIAH K.
5065 31 AVE NO
ST. PETERSBURG FL 33710

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE \$ / D
NAME LANDRESS, SUSAN
STREET ADDRESS 8178 124 STREET NORTH
CITY- ST- ZIP SEMINOLE FL

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

☐ Change ☐ Addition

TITLE VOD / D
NAME FLANERY, TERRY
STREET ADDRESS 1836 VENETIAN POINT DRIVE
CITY- ST- ZIP CLEARWATER FL 34615

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

☐ Change ☐ Addition

TITLE VDD P / D
NAME CHEN, SHIRMY
STREET ADDRESS 13291 84TH TERRACE NORTH
CITY- ST- ZIP SEMINOLE FL 34646

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

☐ Change ☐ Addition

TITLE T / D
NAME CONKUN, REBECCA
STREET ADDRESS 4150 48 AVENUE SOUTH
CITY- ST- ZIP ST PETERSBURG FL

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

☐ Change ☐ Addition

TITLE -P- (Delete)
NAME PASSMAN, JANE
STREET ADDRESS 9858 83 WAY
CITY- ST- ZIP TARGO FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shirmy Chen

2/15/95

Date

813-438-3149

Daytime Phone #