

FILE NOW: FILING FEE IS \$61.25

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Jun 19 1997 8:00am  
Secretary of State

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Matham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

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 33743-0044



|                                |  |                       |  |                                                                        |  |                                                                                                                 |  |
|--------------------------------|--|-----------------------|--|------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified                                      |  | 3a. Date of Last Report                                                                                         |  |
| 21 40 Mary T. Newport          |  | 2a 40 Mary T. Newport |  | 12/27/1965                                                             |  | 03/22/1996                                                                                                      |  |
| 22 1860 Sharpe Lane            |  | 27 P.O. Box 2755      |  | 4. FEI Number                                                          |  | Applied For                                                                                                     |  |
| City & State                   |  | City & State          |  | 59-6173059                                                             |  | Not Applicable                                                                                                  |  |
| 23 Palm Harbor FL              |  | 28 Dunedin FL         |  | 5. Certificate of Status Desired                                       |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            |  | Zip                   |  | 6. Election Campaign Financing                                         |  | Trust Fund Contribution                                                                                         |  |
| 24 34683                       |  | 29 34697-2755         |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes                         |  |
| Country                        |  | Country               |  |                                                                        |  |                                                                                                                 |  |
| 25 USA                         |  | 30 USA                |  |                                                                        |  |                                                                                                                 |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESTER, TEIAH K  
6065 31 AVE NO  
ST. PETERSBURG FL 33710

|                                                       |                  |
|-------------------------------------------------------|------------------|
| 81 Name                                               | Mary T. Newport  |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1860 Sharpe Lane |
| 83                                                    |                  |
| 84 City                                               | Palm Harbor FL   |
| 85 Zip Code                                           | 34683            |

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 Mary T. Newport MARY T. NEWPORT PRESIDENT 5/31/97  
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                      | PD                       | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | P/D                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | CHEN, SHIRMY             |                                            | 1.2 NAME           | Newport, Mary T.                                      |                                                                              |  |  |
| STREET ADDRESS             | 13291 84TH TERRACE NORTH |                                            | 1.3 STREET ADDRESS | 1860 Sharpe Lane                                      |                                                                              |  |  |
| CITY-ST-ZIP                | SEMINOLE FL 34646        |                                            | 1.4 CITY-ST-ZIP    | Palm Harbor, FL 34683                                 |                                                                              |  |  |
| TITLE                      | TD                       | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE          | T/D                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | CONKLIN, REBECCA         |                                            | 2.2 NAME           | Newport, Steven                                       |                                                                              |  |  |
| STREET ADDRESS             | 4150 48TH AVENUE SOUTH   |                                            | 2.3 STREET ADDRESS | 1860 Sharpe Lane                                      |                                                                              |  |  |
| CITY-ST-ZIP                | ST PETERSBURG FL         |                                            | 2.4 CITY-ST-ZIP    | Palm Harbor FL 34683                                  |                                                                              |  |  |
| TITLE                      | VPD                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          | V/D                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | ROMANOV, BETH            |                                            | 3.2 NAME           | Ulrich, Dorian                                        |                                                                              |  |  |
| STREET ADDRESS             | 1925 MARLA COURT         |                                            | 3.3 STREET ADDRESS | 6011 3rd Street South                                 |                                                                              |  |  |
| CITY-ST-ZIP                | DUNEDIN FL 34698         |                                            | 3.4 CITY-ST-ZIP    | St. Petersburg, FL 33705                              |                                                                              |  |  |
| TITLE                      | SD                       | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE          | S/D                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | JOHNSTON, SHARON         |                                            | 4.2 NAME           | Hempfling, Lori                                       |                                                                              |  |  |
| STREET ADDRESS             | 12763 CUMBERLAND DRIVE   |                                            | 4.3 STREET ADDRESS | 9968 110th Street North                               |                                                                              |  |  |
| CITY-ST-ZIP                | LARGO FL 34643           |                                            | 4.4 CITY-ST-ZIP    | Seminole, FL 33712                                    |                                                                              |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            | 5.1 TITLE          | M                                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       |                          |                                            | 5.2 NAME           | Romanov, Elizabeth                                    |                                                                              |  |  |
| STREET ADDRESS             |                          |                                            | 5.3 STREET ADDRESS | 1925 Marla Ct                                         |                                                                              |  |  |
| CITY-ST-ZIP                |                          |                                            | 5.4 CITY-ST-ZIP    | Dunedin, FL 34698                                     |                                                                              |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            | 6.1 TITLE          | 600002217706                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                          |                                            | 6.2 NAME           | -06/20/97--01002--016                                 |                                                                              |  |  |
| STREET ADDRESS             |                          |                                            | 6.3 STREET ADDRESS | ***G1.25                                              |                                                                              |  |  |
| CITY-ST-ZIP                |                          |                                            | 6.4 CITY-ST-ZIP    |                                                       |                                                                              |  |  |

14. I do 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.

SIGNATURE Mary T. Newport MARY T. NEWPORT PRESIDENT 5/31/97

CR2E037 (9/96)