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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

120848 - 90015 - 31

DOCUMENT # 710099

1. Corporation Name

PINELLAS YOUTH SYMPHONY, INC.

Principal Place of Business	Mailing Address
C O MARY T. NEWPORT 1860 SHARPE LANE PALM HARBOR FL 34683	C O MARY T. NEWPORT P.O. BOX 2755 DUNEDIN FL 34697-2755

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/27/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6173059 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWPORT, MARY T
1860 SHARPE LANE
PALM HARBOR FL 34683

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 _____ 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	P D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NEWPORT, MARY T		1.2 NAME		
STREET ADDRESS	1860 SHARPE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		
TITLE	T D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWPORT, STEVEN		2.2 NAME		
STREET ADDRESS	1860 SHARPE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP		
TITLE	VP D	☒ DELETE	3.1 TITLE	KENNETH HEFNER	☐ Change ☒ Addition
NAME	DORIAN, ~~ULRICH~~ ULI		3.2 NAME	11200 102ND TER. N.	
STREET ADDRESS	6211 3RD. STREET NORTH		3.3 STREET ADDRESS	SEMINOLE, FL 33778	
CITY-ST-ZIP	ST. PETERSBURG FL 33705		3.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HEMPFING, LORI		4.2 NAME	HEMPFLING	
STREET ADDRESS	9968 110TH STREET NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROMANOV, ELIZABETH		5.2 NAME		
STREET ADDRESS	1925 MARLA CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		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 1/27/99 Jan 19, 1999 7277336723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #