2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710099

Apr 07, 2005 Secretary of State

Entity Name: PINELLAS YOUTH SYMPHONY, INC.

Current Principal Place of Business: New Principal Place of Business:

14213-84TH TERRACE N. SEMINOLE, FL 33776 US

Current Mailing Address: New Mailing Address:

275-96TH AVE N P.O. BOX 4106

SEMINOLE, FL 33775

SAINT PETERSBURG, FL 33702

FEI Number: 59-6173059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINE, JANE HINE, JANE T

14213 84TH TERRACE NORTH 14213 84TH TERRACE NORTH SEMINOLE, FL 33776 US SEMINOLE, FL 33776 US

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.

SIGNATURE: JANE T. HINE 04/07/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PD (X) Change() Addition

 Name:
 CORREA, J. GERARD
 Name:
 MEIROSE, LEO

 Address:
 275 96TH AVE. NO. #6
 Address:
 5535 12TH AVE NORTH

City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD () Delete Title: SD (X) Change () Addition Name: LESLIE, D'ELIA D Name: LESLIE, D'ELIA D

Address: 6371-3RD PALM POINT Address: 6371 3RD PALM POINT

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete Title: TD (X) Change () Addition

 Name:
 WAYNE, RAYMOND
 Name:
 WAYNE, RAYMOND

 Address:
 8251-FOREST CIRCLE
 Address:
 8257 FOREST CIRCLE

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

City-St-Zip: SEMINOLE, FL 33776

City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete Title: () Change () Addition

 Title:
 D () Delete
 Title: () Ch

 Name:
 REYNOLDS, JEANNE
 Name:

 Address:
 301 4TH ST SW
 Address:

 City-St-Zip:
 LARGO, FL 33779
 City-St-Zip:

 $\label{eq:title:matter} \mbox{Title:} \qquad \mbox{M} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{M} \qquad \mbox{(X) Change () Addition}$

Name: HINE, JANE Name: HINE, JANE T

 Address:
 14213 84TH TERRACE NO
 Address:
 14213 84TH TERRACE NO

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

Title: PD (X) Delete Title: () Change () Addition

 Name:
 HEFNER, KENNETH
 Name:

 Address:
 11200-102ND TERRACE NORTH
 Address:

 City-St-Zip:
 SEMINOLE, FL 33778
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE A. RAYMOND TD 04/07/2005

Electronic Signature of Signing Officer or Director

Date