FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 710590 (1)

1. Corporation Name
THE IMPERIAL SYMPHONY ORCHESTRA, INC.

Principal Place of Business	Mailing Address
1037 S. FLORIDA AVE. #125 LAKELAND FL 33803 US	P. O. BOX 2623 LAKELAND FL 33806 US

3. Date Incorporated or Qualified: 03/24/1966
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-6177414 ☐ 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

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

9. Name and Address of Current Registered Agent

WARDELL, GUERRY D.
1616 HOLLINGSWORTH CREEK
STE. 125
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Beth Mason
82 Street Address (P.O. Box Number is Not Acceptable): 1918 Seminole Trail
83:
84 City: Lakeland FL 85 Zip Code: 33803

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: Beth Mason, Interium Director — 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	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	JACOBS, DALE G		1.2 NAME	Anita Maxwell	
STREET ADDRESS	1037 S. FLORIDA AVE., #125		1.3 STREET ADDRESS	1037 S. Florida Avenue #125	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	MAXWELL, ANITA		2.2 NAME	Colette Tarver	
STREET ADDRESS	1037 S. FLORIDA AVE., #125		2.3 STREET ADDRESS	5255 Lake-in-the-Woods Blvd.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland FL 33813	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, MURRAY H		3.2 NAME		
STREET ADDRESS	1037 S. FLORIDA AVE., #125		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Assistant Treasurer	☒ Change ☐ Addition
NAME	FOSTER, PATTI		4.2 NAME	Julius Hobbs	
STREET ADDRESS	8 BROOK LANE		4.3 STREET ADDRESS	1037 S. Florida Avenue #125	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland FL 33803	
TITLE	SD	☒ DELETE	5.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HOLMES, GAIL M		5.2 NAME	Andy Hernandez	
STREET ADDRESS	4515 NUNNSWOOD LN.		5.3 STREET ADDRESS	2510 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	ED	☒ DELETE	6.1 TITLE	Interium Director	☒ Change ☐ Addition
NAME	WARDELL, GERRY D.		6.2 NAME	Beth Mason	
STREET ADDRESS	1616 HOLLINGSWORTH CREEK		6.3 STREET ADDRESS	1918 Seminole Trail	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	Lakeland, FL 33803	

CR2E037 (12/95)

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 119.07(3)(k), 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: Beth Mason — 5/15/96 — 941-688-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Beth Mason, Interium Director