

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766706

FILED
Jan 13, 2009
Secretary of State

Entity Name: PHILHARMONIC CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

5833 PELICAN BAY BLVD.
NAPLES, FL 341082740 US

New Principal Place of Business:

Current Mailing Address:

5833 PELICAN BAY BLVD.
NAPLES, FL 341082740 US

New Mailing Address:

FEI Number: 59-2322926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILFIKER, ALAN F.
5551 RIDGEWOOD DR # 405
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

GARLICK, THOMAS B
9115 CORSEA DEL FONTANA WAY
SUITE 100
NAPLES, FL 34109 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: THOMAS GARLICK

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANIELS, MYRA J
Address: 5833 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL

Title: SD () Delete
Name: WYANT, CORBIN A
Address: 320 BOWLINE DR
City-St-Zip: NAPLES, FL 34103

Title: BOD () Delete
Name: SENEKER, STAN
Address: 5833 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

Title: TRE () Delete
Name: NEVILLE, RENEE E
Address: 5833 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MYRA J. DANIELS

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date