

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 21

DOCUMENT # N36020 (8)

1. Corporation Name

THE SYMPHONY GUILD OF WINTER HAVEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 7721 WINTER HAVEN FL 33883-7721 P.O. BOX 7721 WINTER HAVEN FL 33883-7721

3. Date Incorporated or Qualified 01/09/1990	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2991692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SIEGEL, BILL
279 LAKE LULU
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, 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

TITLE	DP
NAME	SIEGEL, BILL
STREET ADDRESS	279 LAKE LULU
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	CONNOR, RUTH E.
STREET ADDRESS	541 S LAKE MARTHA DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	GIROUARD, KATHERINE W.
STREET ADDRESS	125 12TH ST SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DS
NAME	GOLDEN, CAROL ANNE
STREET ADDRESS	P.O. BOX 411 N/A
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	HAYS, SARAH H.
STREET ADDRESS	1309 MIRROR TERR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tyler, Norma L.
1.3 STREET ADDRESS	1776 6th St. NW Apt 606
1.4 CITY-ST-ZIP	Winter Haven, FL 33881
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: **Norma L. Tyler, T** *Norma L. Tyler* March 13, 1995 (813) 293-1300
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR