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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36020 (8)

1. Corporation Name

THE SYMPHONY GUILD OF WINTER HAVEN, INC.



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  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2991692

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

SIEGEL, BILL  
279 LAKE LULU  
WINTER HAVEN FL 33880

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME SIEGEL, BILL  
STREET ADDRESS 279 LAKE LULU  
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME CONNOR, RUTH E.  
STREET ADDRESS 541 S LAKE MARTHA DR  
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GIROUARD, KATHERINE W.  
STREET ADDRESS 125 12TH ST SE  
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS  DELETE  
NAME GOLDEN, CAROL ANNE  
STREET ADDRESS P.O. BOX 411 N/A  
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HAYS, SARAH H.  
STREET ADDRESS 1309 MIRROR TERR  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME TYLER, NORMA L  
STREET ADDRESS 1776 6TH ST. NW APT 606  
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE  Change  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 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 in an attachment with an address.

SIGNATURE: *Norma L. Tyler* Norma L. Tyler T

1/22/97

(941) 293-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064822

CR2E037 (9/96)