2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36020

FILED Mar 16, 2009 Secretary of State

Entity Name: THE SYMPHONY GUILD OF WINTER HAVEN, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 7721 279 LAKE LULU WINTER HAVEN, FL 338837721 WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** P.O. BOX 7721 WINTER HAVEN, FL 338837721 FEI Number: 59-2991692 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: SIEGEL, BILL 279 LAKE LULU WINTER HAVEN, FL 33880 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KATROS, JOHN BENTLEY, CAROL Name: Name: 500 LAKE ELBERT DR. W. Address: 1812 SANDHILL LANE Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33884 Title: () Delete Title: D (X) Change () Addition Name: ANASTASIO, SHERRY Name: BUTZ, HELEN Address: 4 BROGDEN LANE Address: 5000 VARTY ROAD City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33884 Title: () Delete Title: () Change () Addition THOMAS, GLENN Name: Name: 1653 CRUMP RD Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: DS () Delete Title: () Change () Addition GOLDEN, CAROL ANNE, Name: Name: Address: P.O. BOX 411 N/A Address: City-St-Zip: WINTER HAVEN, FL 33882 City-St-Zip: Title: () Delete Title: () Change () Addition TYLER, NORMA L Name: Name: 1776 6TH ST. NW APT 606 Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: () Change () Addition COLLIER, LESTER Name: Name: Address: 3 BODGREN CT Address: WINTER HAVEN, FL 33880 City-St-Zip: 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: GLENN THOMAS T 03/16/2009