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May 01 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 # N96000002906 (3)

1. Corporation Name

GULF COAST SMYPHONY ORCHESTRA, INC.



Principal Place of Business Mailing Address

ALVIN A. DUBIN CULTURAL CENTER  
16225 WINKLER ROAD  
FORT MYERS FL 33908

ALVIN A. DUBIN CULTURAL CENTER  
16225 WINKLER ROAD  
FORT MYERS FL 33908-5604

3. Date Incorporated or Qualified 05/28/1996  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 1759

22 City & State 27 City & State

23 Zip Country 28 SANIBEL, FL

24 25 29 33957 30 USA

4. FEI Number 65-0666-748 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

RODINA, DIANE  
317 EAST GULF DRIVE  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name MARY MARINO  
82 Street Address (P.O. Box Number is Not Acceptable) 27600 HACIENDA BLVD.  
83 #306D  
84 City BONITA SPRINGS, FL 85 Zip Code 33973

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 *Mary Marino* MARY MARINO, EXECUTIVE DIRECTOR 4/24/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL REINHARD	
STREET ADDRESS	2203 SE 11TH ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PAUL NAPLAR	
STREET ADDRESS	674 ASTARIAS CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTON ROTENBERG	
STREET ADDRESS	1220 FEARN RD.	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRAD CONGRESS	
1.3 STREET ADDRESS	6300 SOUTH POINTE BLVD #235	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NELL SCHAEFEN	
2.3 STREET ADDRESS	1049 BLUE HERON DRIVE	
2.4 CITY-ST-ZIP	SANIBEL, FL 33957	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAROL BIRT-HOFACKER, M.D.	
3.3 STREET ADDRESS	5494 GOVERNORS DRIVE	
3.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PATRICIA JAMES	
4.3 STREET ADDRESS	12940 FLARSHIP DRIVE	
4.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GENE NIBBELIN	
5.3 STREET ADDRESS	2001 NE 2ND TER.	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33909	
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 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 on an attachment with an address.

SIGNATURE: *Gene Nibbelin* GENE NIBBELIN, TREAS. 4/24/97 941/942-7836  
Signature and typed or printed name of signing officer or director. Date Daytime Phone # 0088410

CR2E037 (9/96)