

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002906

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: GULF COAST SMYPHONY ORCHESTRA, INC.

## Current Principal Place of Business:

SW FLORIDA REGIONAL MEDICAL CENTER  
2727WINKLER AVE  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1759  
SANIBEL, FL 33957 US

## New Mailing Address:

FEI Number: 65-0666748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYINGTON, DOUG  
728 ARDSON CT  
FT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

KURTZ, ANDREW M DR.  
1865 ARDSLEY WAY  
SANIBEL, FL 33957 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: DR. ANDREW M. KURTZ

04/18/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARTZ, B  
Address: 4312 S. CANAL CIR  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: D ( ) Delete  
Name: DYKE, V DR.  
Address: 2071 SE 28TH ST  
City-St-Zip: SANIBEL, FL 33957 US

Title: TD ( ) Delete  
Name: BYINGTON, D  
Address: 728 ARDSON CT  
City-St-Zip: FT. NYERS, FL 33913 US

Title: MD ( ) Delete  
Name: KURTZ, A  
Address: 716 RABBIT RD  
City-St-Zip: SANIBEL, FL 33957 US

Title: SD ( ) Delete  
Name: LEPERA, MARIANNE  
Address: 15091 TAMARIND CAY CT  
City-St-Zip: FORT MYERS, FL 33908 US

## 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: MD (X) Change ( ) Addition  
Name: KURTZ, A  
Address: 1865 ARDSLEY WAY  
City-St-Zip: SANIBEL, FL 33957 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW M KURTZ

MD

04/18/2005

Electronic Signature of Signing Officer or Director

Date