## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002906

Entity Name: GULF COAST SYMPHONY ORCHESTRA, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

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

Current Mailing Address: New Mailing Address:

P O BOX 1759 P O BOX 60878

SANIBEL, FL 33957 US FORT MYERS, FL 33906 US

FEI Number: 65-0666748 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:

KURTZ, ANDREW M DR.

1865 ARDSLEY WAY

SANIBEL, FL 33957 US

KURTZ, ANDREW M DR.

13883 LILY PAD CIRCLE
FORT MYERS, FL 33907 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: ANDREW M. KURTZ 04/27/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HARTZ, B Name: HARTZ, BARBARA

Address: 4312 S. CANAL CIR Address: 4312 S. CANAL CIR

City-St-Zip: N. FT. MYERS, FL 33903 US City-St-Zip: N. FT. MYERS, FL 33903 US

 Address:
 2071 SE 28TH ST
 Address:
 2071 SE 28TH ST

 City-St-Zip:
 SANIBEL, FL 33957 US
 City-St-Zip:
 SANIBEL, FL 33957 US

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 BYINGTON, D
 Name:
 LAYMAN, SCOTT

 Address:
 728 ARDSON CT
 Address:
 2249 BURTON AVENUE

 City-St-Zip:
 FT. NYERS, FL 33913 US
 City-St-Zip:
 FORT MYERS, FL 33907 US

Title: MD ( ) Delete Title: MD (X) Change ( ) Addition

Name: KURTZ, A Name: KURTZ, A

Address: 1865 ARDSLEY WAY Address: PO BOX 60883

 City-St-Zip:
 SANIBEL, FL 33957 US
 City-St-Zip:
 FORT MYERS, FL 33906 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 LEPERA, MARIANNE
 Name:
 LAYMAN, TERESA

 Address:
 15091 TAMARIND CAY CT
 Address:
 2249 BURTON AVENUE

 City-St-Zip:
 FORT MYERS, FL 33908 US
 City-St-Zip:
 FORT MYERS, FL 33907 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 TAYLOR, JAMES DR.

 Address:
 Address:
 1443 FRIENDSHIP WALKWAY

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW M. KURTZ MD 04/27/2006