

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002906

FILED
Jan 16, 2009
Secretary of State

Entity Name: GULF COAST SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1500 COLONIAL BLVD.
SUITE 225
FORT MYERS, FL 33907

Current Mailing Address:

P O BOX 60878
FORT MYERS, FL 33906 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:

KURTZ, ANDREW M DR.
13883 LILY PAD CIRCLE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MIKSA, JOHN
Address: 2071 SE 28TH ST
City-St-Zip: SANIBEL, FL 33957 US

Title: TD () Delete
Name: LAYMAN, SCOTT
Address: 2249 BURTON AVENUE
City-St-Zip: FORT MYERS, FL 33907 US

Title: MD () Delete
Name: KURTZ, A
Address: PO BOX 60883
City-St-Zip: FORT MYERS, FL 33906 US

Title: SD () Delete
Name: LAYMAN, TERESA
Address: 2249 BURTON AVENUE
City-St-Zip: FORT MYERS, FL 33907 US

Title: VD () Delete
Name: TAYLOR, JAMES DR.
Address: 1443 FRIENDSHIP WALKWAY
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: VICE, ROBERT
Address: 1666 LLEWELLYN DRIVE
City-St-Zip: FORT MYERS, FL 33901 US

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: PD (X) Change () Addition
Name: TAYLOR, JAMES DR.
Address: 1443 FRIENDSHIP WALKWAY
City-St-Zip: FORT MYERS, FL 33901

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: ANDREW KURTZ

MD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date