

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002906

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** GULF COAST SYMPHONY ORCHESTRA, INC.

**Current Principal Place of Business:**

1500 COLONIAL BLVD.  
SUITE 225  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**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: VD  
Name: VICE, ROBERT  
Address: 1666 LLEWELLYN DRIVE  
City-St-Zip: FORT MYERS, FL 33901 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANDREW M KURTZ

MD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date