

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710099

Entity Name: PINELLAS YOUTH SYMPHONY, INC.**Current Principal Place of Business:**14213- 84TH TERRACE N.
SEMINOLE, FL 33776**Current Mailing Address:**P.O. BOX 4106
SEMINOLE, FL 33775**FEI Number: 59-6173059****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HINE, JANE T
14213 84TH TERRACE NORTH
SEMINOLE, FL 33776 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY, DIRECTOR
Name MEIROSE, LEO
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title D
Name REYNOLDS, JEANNE
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title M
Name HINE, JANE T
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name VEENEMAN, JOHN
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name WAHL, CAROLYN
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name JACOBUS, TOM
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name FREDERICK, WAGNER
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name FUOCO, TONY
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Continues on page 2

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: LEO H MEIROSE JR**PRESIDENT****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOOD, SUSAN KAY
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name IVEY, SHANNON
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name IVEY, ROBERT
Address P.O. BOX 4106
City-State-Zip: SEMINOLE FL 33775