2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2013
Secretary of State
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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	PD
Name	MEIROSE, LEO
Address	P.O. BOX 4106
City-State-Zip:	SEMINOLE FL 33775

Title	TD
Name	WAYNE, RAYMOND A
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	WAHL, CAROLYN
Address	P.O. BOX 4106
City-State-Zip:	SEMINOLE FL 33775

Title	SD
Name	RESLER, ROBB
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	DIRECTOR
Name	HAIRE, BRUCE
Address	P.O. BOX 4106
City-State-Zip:	SEMINOLE FL 33775

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

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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 01/22/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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