

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36020

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**5527555258CC**

**Entity Name:** THE SYMPHONY GUILD OF WINTER HAVEN, INC.

**Current Principal Place of Business:**

130 LAKE REGION CIRCLE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P.O. BOX 7721  
WINTER HAVEN, FL 33883-7721

**FEI Number:** 59-2991692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, GLENN  
130 LAKE REGION CIRCLE  
WINTER HAVEN, FL 33881 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:** GLENN THOMAS

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ANISTASIO, SHERRY  
Address 4 BROGDAN COURT SE  
City-State-Zip: WINTER HAVEN FL 33880

Title TREASURER  
Name THOMAS, GLENN  
Address 130 LAKE REGION CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY  
Name MIXON, P AM  
Address 1800 N ELOISE DR.  
#8  
City-State-Zip: WINTER HAVEN FL 33884

Title PRESIDENT  
Name BOOHER, BRENT  
Address 362 VAIL DR.  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name VERILL,MD, PETER VP  
Address 305 HAMILTON SHORES DR. NE  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name DAVIDSON, VIRGINIA DR.  
Address 3950 CYPRESS LANDING W  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name FULTZ, DAVE  
Address 2133 EDGEWATER CIRCLE SI  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name HARSTAD, BETTY  
Address 4318 THOMAS WOOD LANE  
City-State-Zip: WINTER HAVEN FL 33880

*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:** GLENN THOMAS

**TREASURER**

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date