

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36020

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC0759767395**

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

**Current Principal Place of Business:**

279 LAKE LULU  
WINTER HAVEN, FL 33880

**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:**

SIEGEL, BILL  
279 LAKE LULU  
WINTER HAVEN, FL 33880 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 D  
Name RHINEHART, JACKIE  
Address 636 AVE. T SE  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name BUTZ, HELEN  
Address 5000 VARTY ROAD  
City-State-Zip: WINTER HAVEN FL 33884

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

Title SECRETARY  
Name BEVIS, SHARON  
Address 999 AVE. H NE  
#8  
City-State-Zip: WINTER HAVEN FL 33881

Title PRESIDENT  
Name ANASTASIO, SHERRY  
Address 4 BROGDAN CT SE  
City-State-Zip: WINTER HAVEN FL 33880

Title VP  
Name VENNERS, MICHAEL VP  
Address 141 LAKE OTIS RD  
City-State-Zip: WINTER HAVEN FL

*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**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date