

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36020

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

Title	D
Name	TYLER, NORMA L
Address	1776 6TH ST. NW APT 606
City-State-Zip:	WINTER HAVEN FL 33881

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

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

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: THOMAS GLENN**TREASURER****05/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date