

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004824

**Entity Name:** SOUTH FLORIDA SYMPHONY ORCHESTRA, INC.

**Current Principal Place of Business:**

2201 WILTON DRIVE,  
SUITE 12  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2201 WILTON DRIVE,  
SUITE 12  
WILTON MANORS, FL 33305 US

**FEI Number:** 65-0846695

**Certificate of Status Desired:** No

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

SELZER, JEFFREY ESQ.  
2550 NE 15TH AVENUE  
FORT LAUDERDALE, FL 33305 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:** JEFFREY SELZER

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LORBER, JACQUELINE  
Address        2201 WILTON DRIVE,  
                  SUITE 12  
City-State-Zip: WILTON MANORS FL 33305

Title            DIRECTOR  
Name            ALFONSO, SEBRINA  
Address        2201 WILTON DRIVE,  
                  SUITE 12  
City-State-Zip: WILTON MANORS FL 33305

Title            CHAIRMAN  
Name            LANE, CHUCK  
Address        1732 NE 17TH AVENUE  
City-State-Zip: FT LAUDERDALE FL 33305

Title            DIRECTOR  
Name            CHARLES, GREEN  
Address        20110 W. DIXIE HWY  
                  20104  
City-State-Zip: MIAMI FL 33180

Title            DIRECTOR  
Name            RICHTER, MIRIAM  
Address        2312 WILTON DR.  
                  9  
City-State-Zip: WILTON MANORS FL 33305

Title            DIRECTOR  
Name            T.J., WALSH  
Address        100 SE 3RD AVE.  
                  10TH FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33394

Title            DIRECTOR  
Name            SHAGENA, LINDA  
Address        726 SIMONTON ST.  
City-State-Zip: KEY WEST FL 33040

Title            DIRECTOR  
Name            LAUTON, BONNIE  
Address        416 NE 27TH STREET  
City-State-Zip: WILTON MANORS FL 33334

**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:** JACQUELINE LORBER

PRESIDENT / CEO

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NOON, LISA  
Address        2456 NE 26TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33305