FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JAN 23 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703056 (2)

1. Corporation Name

SOUTHWEST FLORIDA SYMPHONY ORCHESTRA AND CHORUS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PKWY STE. 212-1 FORT MYERS FL 33919 US	8695 COLLEGE PKWY SUITE 212-1 FORT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1961
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1350404 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSTON, JAMES W. ~~8695 COLLEGE PKWY~~ Ste 8695 COLLEGE PARKWAY, STE 212-1 FT. MYERS FL 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	ESPER, MICHAEL	1.2 NAME	Esper, Michael	
STREET ADDRESS	PO BOX 3454 NA	1.3 STREET ADDRESS	PO Box 3454 NA	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL	
TITLE	TD	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	DEVIC, DEDE	2.2 NAME	Dr. David C. McCormick	
STREET ADDRESS	1830 BRANTLEY RD, B5	2.3 STREET ADDRESS	9511 Mariners Cove Lane	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL	
TITLE	CD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MEACHAM, MARIETTA C. (dele)	3.2 NAME	Carole McCullah	
STREET ADDRESS	1438 N. LARKWOOD SQ.	3.3 STREET ADDRESS	5366 Fairfield Way	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, Fl	
TITLE	SD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	GRIFFIN, KAROLYN (dele)	4.2 NAME	Reina L. Schlager	
STREET ADDRESS	5260 SO LANDINGS DR #1004	4.3 STREET ADDRESS	662 Astaria Circle	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLAH, CAROLE	5.2 NAME		
STREET ADDRESS	5360 FAIRFIELD WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 1-24-95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DeDe Devic 1-13-95 813/433-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DoDo Devic

00166836

INTERNAL REVENUE SERVICE

District Director

Department of the Treasury

101 Marietta St., Rm 1007
Atlanta, Ga. 30303

Southwest Florida Symphony
Orchestra and Chorus Association, Inc.
P.O. Box 06235
Ft. Myers, FL 33906

Date: March 1, 1988

Refer Reply to: QRS:EO:TPA

EIN: 59-1350404

FFN: 580008471

Dear Sir or Madam:

This is in response to your request for confirmation of your exemption from Federal income tax.

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter of September 1966. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(2).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely yours,

Veronica Jackson

EOMF Coordinator