FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 10/23/1961
3a. Date of Last Report: 01/23/1995

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

4. FEI Number: 59-1350404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, JAMES W.
8695 COLLEGE PKWY,STE.212-1
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESPER, MICHAEL		1.2 NAME		
STREET ADDRESS	PO BOX 3454 NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	800001765748 -04/02/96--01012--025 ***61.25	☐ Change ☐ Addition
NAME	DEVIC, DEDE		2.2 NAME		
STREET ADDRESS	1830 BRANTLEY RD, B5		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	Treasurer (D)	☒ Change ☐ Addition
NAME	MCCULLAH, CAROLE		3.2 NAME	Richard Myers	
STREET ADDRESS	5366 FAIRFIELD WAY		3.3 STREET ADDRESS	18307 Deep Passage Lane	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	Fort Myers Beach, FL33931	
TITLE	SD	☐ DELETE	4.1 TITLE	1st Vice President (D)	☒ Change ☐ Addition
NAME	SCHLAGER, REINA L		4.2 NAME	Dian Brownell	
STREET ADDRESS	662 ASTARIA CIRCLE		4.3 STREET ADDRESS	15370 Kilburnie Drive	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	Fort Myers,FL 33912	
TITLE	PD	☒ DELETE	5.1 TITLE	Chairman of Board (D)	☒ Change ☐ Addition
NAME	MCCULLAH, CAROLE		5.2 NAME	McCullah, Carole	
STREET ADDRESS	5366 FAIRFIELD WAY		5.3 STREET ADDRESS	5366 Fairfield Way	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	Fort Myers,FL 33907	
TITLE	VD	☒ DELETE	6.1 TITLE	President (D)	☒ Change ☐ Addition
NAME	DR. DAVID C. MCCORMICK		6.2 NAME	Dr. David C. McCormick	
STREET ADDRESS	9511 MARINERS COVE LANE		6.3 STREET ADDRESS	9511 Mariners Cove Lane	
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP	Fort Myers, Fl 33919	

CR2E037 (12/95)

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)(k), 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 address.

SIGNATURE: _____ 3/21/96 941/433-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #