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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703056

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/23/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1350404 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAYLOR, KEVIN S 8695 COLLEGE PKWY,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 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	TD	☐ DELETE	1.1 TITLE	DT	☒ Change ☐ Addition
NAME	BOGEN, IRWIN R		1.2 NAME		
STREET ADDRESS	1053 SEA HAWK LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWNELL, DIAN		2.2 NAME		
STREET ADDRESS	15370 KILBIRNIE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	STARK, PAUL		3.2 NAME		
STREET ADDRESS	981 SANDCASTLE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	KOLLMAR, DOROTHY		4. 2 NAME		
STREET ADDRESS	5206 SW 12TH PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	SHEELEY, MICHAEL K		5.2 NAME		
STREET ADDRESS	15960 CINDY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	DV	☐ Change ☒ Addition
NAME			6.2 NAME	UHLER, J. THOMAS	
STREET ADDRESS			6.3 STREET ADDRESS	9426 YUCCA COURT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SANIBEL FL 33957	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kevin S. Taylor 4/8/99 (941) 433-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #