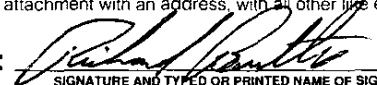


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90748 034 ****70.00

DOCUMENT # 703056 1. Entity Name SOUTHWEST FLORIDA SYMPHONY ORCHESTRA AND CHORUS ASSOCIATION, INC.					
Principal Place of Business 4560 VIA ROYALE SUITE 2 FORT MYERS FL 33919 US		Mailing Address 4560 VIA ROYALE SUITE 2 FORT MYERS FL 33919 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1350404	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FURRY, SHIRLEY A 4560 VIA ROYALE, SUITE 2 FT. MYERS FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, LARRY 12370 COCONUT CREEK CT. FT. MYERS FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, RICHARD 4513 VARSITY LAKES CT. LEHIGH ACRES, FL. 33971	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TROIANO, JOSEPH A ESQ. 3474 CHARTER CLUB DR. FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TROIANO, JOSEPH A. ESQ. 3474 CHARTER CLUB DR. FORT MYERS, FL. 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOLLMAR, DOROTHY 5206 SW 12TH PL CAPE CORAL FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZIMMERMAN, GWEN 16016 FOREST OAKS DR. FORT MYERS, FL. 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PECERI, MICHAEL B 3350 N. KEY DRIVE, APT A201 FORT MYERS FL 33903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBINSON, CAROL 1072 BREVITY LANE FORT MYERS, FL. 33919-5906	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC UHLER, J. THOMAS 9426 YUCCA CT SANIBEL FL 33957	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FUCHS, ROBERT 15551 SHELL POINT BLVD. FORT MYERS, FL. 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD BUTLER		
			Date 4-28-04 Daytime Phone # (239) 466-2512		