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.

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
4560 VIA ROYALE SUITE 2 FORT MYERS FL 33919 US	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
Zip / Country	Zip / Country

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

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] RICHARD BUTLER 4-28-04 (239) 466-2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #