

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 020 ****61.25

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60034981



04262006 Chg-NP CR2E037 (11/05)

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

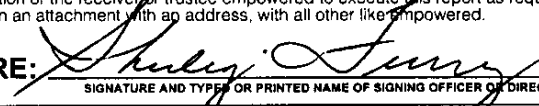
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, RICHARD 4513 VARSITY LAKES CT LEHIGH ACRES, FL 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TROIANO, JOSEPH A ESQ. 3474 CHARTER CLUB DR. FORT MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBINSON, CAROL S 1072 BREVITY LANE FORT MYERS, FL. 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREGORY, SCOTT 12928 KEODLESTON CIRCLE FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBINSON, CAROL 1072 BREVITY LANE FORT MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHWARTZ, ROXANNE 12330 MI-GREGOR PALMS DR. FORT MYERS, FL. 33908 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FUCH, ROBERT 15551 SHELL POINT BLVD FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/24/06 Daytime Phone #: (239) 418-0996