

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90114 008 \*\*\*\*61.25

<b>DOCUMENT # 703056</b>					
<b>1. Entity Name</b> SOUTHWEST FLORIDA SYMPHONY ORCHESTRA AND CHORUS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919 US			<b>Mailing Address</b> 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1350404	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FURRY, SHIRLEY A 4560 VIA ROYALE, SUITE 2 FT. MYERS, FL 33919			Name <u>ERNEST TOPLIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4560 VIA ROYALE STE 2</u> City <u>FORT MYERS</u> FL Zip Code <u>33919</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DT	<b>NAME</b> BUTLER, RICHARD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4513 VARSITY LAKES CT	<b>CITY-ST-ZIP</b> LEHIGH ACRES, FL 33971		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DC	<b>NAME</b> ROBINSON, CAROL S		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1072 BREVITY LANE	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33919		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DS	<b>NAME</b> GREGORY, SCOTT		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12928 KEODLESTON CIRCLE	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33912		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DV	<b>NAME</b> SCHWARTZ, ROXANNE		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12330 MCGREGOR PALMS DR.	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33908		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DV	<b>NAME</b> FUCH, ROBERT		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 15551 SHELL POINT BLVD	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33908		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>John J. May</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FINANCE DIRECTOR <u>4/30/07</u> (239) 418-0916 <small>Date Daytime Phone #</small>		