

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moxham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709141 (6)

1. Corporation Name

SYMPHONIC BAND OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

PO BOX 16976
W PALM BCH FL 33416
US

PO BOX 16976
W PALM BCH FL 33416
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1965

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2183803

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBSTER, JOHN
7715 ST. ANDREWS ROAD
LAKE WORTH FL 33467

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

TD

NAME

DUPERE, RICHARD

STREET ADDRESS

145 WESTWOOD CIR E

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

D

NAME

FITCH, DIANE

STREET ADDRESS

119 KINGS WAY

CITY - ST - ZIP

ROYAL PALM BCH FL

TITLE

SD

NAME

WANDELT, MARY ANNE

STREET ADDRESS

1134 SW 25TH AVE

CITY - ST - ZIP

BOYTON FL

TITLE

D

NAME

NEILL, TODD

STREET ADDRESS

18282 OAK LEAF DR

CITY - ST - ZIP

JUPITER FL

TITLE

PD

NAME

BRISSON, LAURIE

STREET ADDRESS

3719 S. 57TH AVENUE

CITY - ST - ZIP

GREENACRES FL

TITLE

PD

NAME

NEWELL, STEPHEN

STREET ADDRESS

1005 MAPLEWOOD DR

CITY - ST - ZIP

W. PALM BCH. FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

RICHARD DUPERE

Richard Dupere

4/16/95

790-7590

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)