

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 709141 (6)
1. Corporation Name
SYMPHONIC BAND OF THE PALM BEACHES, INC.



Principal Place of Business: PO BOX 16976, W PALM BCH FL 33416, US
Mailing Address: PO BOX 16976, W PALM BCH FL 33416, US

3. Date Incorporated or Qualified: **06/15/1965**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country	30	Country			

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD DUPERE, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	145 WESTWOOD CIR E	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FITCH, DIANE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	119 KINGS WAY	2.2 NAME	
STREET ADDRESS	ROYAL PALM BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD WANDELT, MARY ANNE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1134 SW 25TH AVE	3.2 NAME	
STREET ADDRESS	BOYTON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NEILL, TODD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18282 OAK LEAF DR	4.2 NAME	PRESIDENT-DIRECTOR NEILL TODD
STREET ADDRESS	JUPITER FL	4.3 STREET ADDRESS	18282 OAK LEAF DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JUPITER FL
TITLE	PD BRISSON, LAURIE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3719 S. 57TH AVENUE	5.2 NAME	
STREET ADDRESS	GREENACRES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD NEWELL, STEPHEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 MAPLEWOOD DR	6.2 NAME	
STREET ADDRESS	W. PALM BCH. FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 E Dupere Date: 4/29/96 Daytime Phone #: 796-7596

CR2E037 (12/95)