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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33416-6976 US
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3. Date Incorporated or Qualified 06/15/1965	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2183803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUPERE, RICHARD	
STREET ADDRESS	145 WESTWOOD CIR E	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITCH, DIANE	
STREET ADDRESS	119 KINGS WAY	
CITY - ST - ZIP	ROYAL PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WANDELT, MARY ANNE	
STREET ADDRESS	1134 SW 25TH AVE	
CITY - ST - ZIP	BOYTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TODD, NEILL	
STREET ADDRESS	18282 OAK LEAF DRIVE	
CITY - ST - ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEWELL, STEPHEN	
STREET ADDRESS	1005 MAPLEWOOD DR	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	RE DAVIS, BEVERLY
2.4 CITY - ST - ZIP	134 7TH STREET
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	CANTLEY, GLENN
4.4 CITY - ST - ZIP	7678 ST. ANDREWS RD.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 NE DUPERE 4-27-97 561-357-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041395

CR2E037 (9/96)