## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT #

(6)

SYMPHONIC BAND OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address						i radiin tabii abiia ikiai tibii albit tibi bidii dibii dibii dibii	II <b>G</b> IBII 1881	
PO BOX 16976		PO BOX 16976	PO BOX 16976			3. Date Incorporated or Qualified		
W PALM BCH		W PALM BCH FL 33416				06/15/1965		
US	<b>US</b> US						lied For	
							Applicable	
	lace of Business	2a. Mailing Address	a. Mailing Address			5. Certificate of Status Desired S8.75 A	dditional	
21		26				Fee Rec	ulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 M		
22		27			Trust Fund Contribution Added to			
City & State		City & State			7. Is this nonprofit corporation a homeowners essociation?			
Zip			Coun	Country		8. This corporation owes or has paid the current year Inta	naible	
24			30	•		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			1	B1	Name			
WEBSTER, JOHN				B2	Street Ad	dress (P.O. Box Number is Not Acceptable)		
7715 ST. ANDREWS ROAD			L					
LAKE WORTH FL 33467				83				
			Į.	B4	City	85 Zip C	ode	
44 8						FL [**] <sup>25</sup>		
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statuti i of Florida. Such change was a	es, the abo authorized	ove- by i	-named co the corpo	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	registered egistered	
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 .	Signature, typed or printed name of registered agr	ant and title if applicable (NOTI	F. Banistared	nenA	l signature rec	quired when reinstating) DATE		
12.	<u> </u>	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	TD	☐ DELETE	1.1 701	£		☐ Change	Addition	
NAME	<b>D</b> UPERE, RICHARD		1.2 NAA	Æ				
STREET ADDRESS			1.3 STREET ADDRESS		address			
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP				
TITLE			2.1 TITL			Change	Addition	
NAME	• · · · · · · · · · · · · · · · · · · ·			2.2 NAME				
STREET ADDRESS	MIDITED PA		2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 City-St-ZiP 3.1 Title		Change	Addition	
NAME				3.2 NAME		onango	roomon	
STREET ADDRESS	4454 6141 4555		3.3 STREET ADDRESS		nubecc			
CITY-ST-ZIP	BOWOLE.			3.4. CITY-ST-ZIP				
TITLE			4.1 TOTA			Change	Addition	
NAME	CANTLEY, GLENN		4. 2 NA	ME				
STREET ADDRESS	7678 ST ANDREWS ROAD		4.3 STA	EET A	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY	Y-ST	-ZIP			
TITLE	PD	☐ DĒLĒTE	5.1 TfTL	.E		Change	☐ Addition	
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5.2 NAX	5.2 NAME				
STREET ADDRESS	M DALM BOLL EL				ADDRESS			
CITY-ST-ZIP			5.4 CITY		-ZIP	Change	Addition	
TITLE			6.1 TITL			C) change	LI RUSIIIUII	
NAME CYDDET ADODESC			6.2 NAM		Innecee			
STREET ADDRESS			6.4 CITY		ADDRESS -71P			
CITY-ST-ZIP	certify that the information supplied w	vith this filing does not qualify fo				in Section 119.07(3)(i), Florida Statutes. I further certify that the I	nformation	
14. I 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 office 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.								

**FILED** 

May 12 1998 8:00am

Secretary of State

I (DRIO) INDI: NOIS KOLE KOLE IIDI, DINTE IIDI AIRIE AIDE) AIRIE ALAIA RIDIE ARAI (RAI