

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709141

FILED
Apr 22, 2006
Secretary of State

Entity Name: SYMPHONIC BAND OF THE PALM BEACHES, INC.

Current Principal Place of Business:

PO BOX 16976
W PALM BCH, FL 33416 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16976
W PALM BCH, FL 33416 US

New Mailing Address:

FEI Number: 59-2183803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HAYHURST, AGNES E
Address: 6869 HAMMOCK LN.
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: SD () Delete
Name: WANDEL, MARY ANNE
Address: 10659 GREENTRAIL DRIVE SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D () Delete
Name: SCHOLINE, WADE
Address: 4080 PLUMBAGO PLACE
City-St-Zip: LANTANA, FL 33462 US

Title: P () Delete
Name: TARRO, RON
Address: 2620 DEVON CT.
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: C () Delete
Name: SULLIVAN, GEORGE
Address: 505 OAK TERR.
City-St-Zip: JUPITER, FL 33458 US

Title: VP () Delete
Name: GODWIN, MARY
Address: 2880 ANTIETAM LANE
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BERRY, PAULA
Address: 1020 CORALLITA COURT
City-St-Zip: WELLINGTON, FL 33414 US

Title: D (X) Change () Addition
Name: ROVINELLI, GLEN
Address: 1746 13TH AVE NORTH
City-St-Zip: LAKE WORTH, FL 33460 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGNES E. HAYHURST

TD

04/22/2006

Electronic Signature of Signing Officer or Director

_____ Date