

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709141

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

300 CRESTWOOD CT N  
#303  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

1410 BETHPAGE WAY  
GREENACRES, FL 33413 US

**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  
**Name:** HOOPER, CONNIE J  
**Address:** 1410 BETHPAGE WAY  
**City-St-Zip:** GREENACRES, FL 33413 US

**Title:** SD  
**Name:** BERRY, PAULA  
**Address:** 1020 CORALLITA COURT  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** D  
**Name:** VARNADORE, TIM  
**Address:** 3200 HOYLAKES RD  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** D  
**Name:** PETRULLO, JOE  
**Address:** 3216 LAKESHORE DR  
**City-St-Zip:** DEERFIELD BEACH, FL 33442 US

**Title:** PD  
**Name:** BRISSON, LAURIE PD  
**Address:** 17210 W SYCAMORE DR  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** D  
**Name:** GODWIN, MARY D  
**Address:** 2880 ANTIETAM LANE  
**City-St-Zip:** WEST PALM BEACH, FL 33409 US

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE J HOOPER

TREA

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date