

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90099 030 \*\*\*\*61.25

**DOCUMENT # 709141**



1. Entity 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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2183803**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUPERE, RICHARD</b>	
STREET ADDRESS	<b>145 WESTWOOD CIR E</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JANET, LEMAN</b>	
STREET ADDRESS	<b>907 SW 7TH AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WANDELT, MARY ANNE</b>	
STREET ADDRESS	<b>1134 SW 25TH AVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAX, MCMILLAN</b>	
STREET ADDRESS	<b>2013 7TH COURT S</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAREN SUE, HOLME</b>	
STREET ADDRESS	<b>1061 SUMMERWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Treasurer / Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Agnes E. Hayhurst</b>	
STREET ADDRESS	<b>6869 Hammock Ln.</b>	
CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>	
TITLE	<b>vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>(vacant)</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Janet Leeman Hakala</b>	
STREET ADDRESS	<b>907 SW 7th Ave.</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>	
TITLE	<b>George Sullivan / Conductor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>505 Oak Terrace</b>	
STREET ADDRESS	<b>Jupiter, FL 33458</b>	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Agnes E. Hayhurst* 1/28/03 561-686-8914

CR2E037 (10/02)