

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710099

FILED  
May 29, 2007  
Secretary of State

Entity Name: PINELLAS YOUTH SYMPHONY, INC.

**Current Principal Place of Business:**

14213- 84TH TERRACE N.  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4106  
SEMINOLE, FL 33775

**New Mailing Address:**

FEI Number: 59-6173059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HINE, JANE T  
14213 84TH TERRACE NORTH  
SEMINOLE, FL 33776 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: PD ( ) Delete  
Name: MEIROSE, LEO  
Address: 5535 12TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD ( ) Delete  
Name: LESLIE, D'ELIA D  
Address: 6371 3RD PALM POINT  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: TD ( ) Delete  
Name: WAYNE, RAYMOND A  
Address: 8257 FOREST CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: REYNOLDS, JEANNE  
Address: 301 4TH ST SW  
City-St-Zip: LARGO, FL 33779

Title: M ( ) Delete  
Name: HINE, JANE T  
Address: 14213 84TH TERRACE NO  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: WAYNE A RAYMOND

TD

05/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date