


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 711221**  
 1. Entity Name  
**DAYTONA BEACH SYMPHONY SOCIETY, INC.**



Principal Place of Business      Mailing Address  
 140 S. BEACH ST.      P.O. BOX 2  
 STE 107      DAYTONA BEACH, FL 32115-0002 US  
 DAYTONA BEACH, FL 32114      US

**DO NOT WRITE IN THIS SPACE**



03062006 No Chg-NP      CR2E037 (11/05)

4. FEI Number 59-6135395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANDERSON, CAROL  
 140 S BEACH ST  
 STE 107  
 DAYTONA BCH., FL 32114

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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 re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, RON 1773 MITCHELL COURT DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORNT0, SHARRON 1403 OAK FOREST DR. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANDERSON, CAROL 140 S. BEACH ST #107 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OKHOVATIAN, SHIRLEY 4712 S. PENINSUAL DR PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REILLY, YOLANDA 2987 S. ATLANTIC AV #703 DAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515496  
 04/29/06-80214-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Carol Anderson      **CAROL Anderson**      APRIL 10, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #