

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711221

FILED
Mar 05, 2007
Secretary of State

Entity Name: DAYTONA BEACH SYMPHONY SOCIETY, INC.

Current Principal Place of Business:

140 S. BEACH ST.
STE 107
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2
DAYTONA BEACH, FL 321150002 US

New Mailing Address:

FEI Number: 59-6135395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CAROL
140 S BEACH ST
STE 107
DAYTONA BCH., FL 32114 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: SHAPIRO, RON
Address: 1773 MITCHELL COURT
City-St-Zip: DAYTONA BEACH, FL 32128

Title: VD () Delete
Name: GORNTON, SHARRON
Address: 1403 OAK FOREST DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MD () Delete
Name: ANDERSON, CAROL
Address: 140 S. BEACH ST #107
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD () Delete
Name: OKHOVATIAN, SHIRLEY
Address: 4712 S. PENINSULAR DR
City-St-Zip: PONCE INLET, FL 32127

Title: SD () Delete
Name: REILLY, YOLANDA
Address: 2987 S. ATLANTIC AV #703
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: PLATIG, CAROL
Address: ONE OLD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MD (X) Change () Addition
Name: ANDERSON, CAROL
Address: 140 S. BEACH ST #107
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD (X) Change () Addition
Name: GLASS, SUSAN
Address: 24 FOXFORDS CHASE
City-St-Zip: ORMOND BEACH, FL 32174

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: CAROL ANDERSON

MD

03/05/2007

Electronic Signature of Signing Officer or Director

Date