

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711221

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** DAYTONA BEACH SYMPHONY SOCIETY, INC.

**Current Principal Place of Business:**

926 S. RIDGEWOOD  
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  
926 S. RIDGEWOOD AVE.  
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  
**Name:** DIEGEL, SKIP  
**Address:** 229 CANAL SREET  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

**Title:** VD  
**Name:** BREWER, CAROLYN  
**Address:** 1111 OXBRIDGE LANE  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** MD  
**Name:** ANDERSON-MCLEAN, CAROL M  
**Address:** 926 S. RIDGEWOOD AVE.  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** TD  
**Name:** PHELPS, JOHN  
**Address:** 225 CHELSEA PLACE AVE  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** SD  
**Name:** DUCKETT, MARY E  
**Address:** 1309 MUNSTER CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32174 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:** CAROL ANDERSON-MCLEAN

MD

04/05/2012

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

\_\_\_\_\_  
Date