FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:43

DOCUMENT # 736815 (2)

1. Corporation Name
OKALOOSA SYMPHONY ORCHESTRA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2109 FT WALTON BCH FL 32549	P.O. BOX 2109 FT WALTON BCH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1976
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1696559 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 38 S.W. Robinwood Dr.
Suite, Apt. #, etc. 22:
City & State 23: FT. WALTON BEACH, FL
Zip 24: 32548 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEIN, GEORGE H.
709 OVERBROOK DRIVE
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	KELSEY, PHYLLIS	1.2 NAME	MIKE MITCHELL	
STREET ADDRESS	1111 STEPHEN DR.	1.3 STREET ADDRESS	616 PELICAN DR.	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	HEIN, GEORGE	2.2 NAME		
STREET ADDRESS	709 OVERBROOK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	DALE, JACK	3.2 NAME		
STREET ADDRESS	155 COUNTRY CLUB RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	GPDITP, TP,	4.2 NAME	TOM GODUTO	
STREET ADDRESS	1218 OAKMONT DRIVE	4.3 STREET ADDRESS	2105 YAM ST.	
CITY-ST-ZIP	NILEVILLE FL	4.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GEORGE H. HEIN George N. Hein 1-18-95 (904) 862-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607S016