


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 047 ****70.00

DOCUMENT # 761371					
1. Entity Name THE FLORIDA SYMPHONY YOUTH ORCHESTRA, INC.					
Principal Place of Business 812 E. ROLLINS ST. SUITE 300 ORLANDO, FL 32803 US			Mailing Address P.O. BOX 2328 WINTER PARK, FL 32790		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2225301	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITFIELD, DAVID 931 BLUEBERRY HOLLOW CT WINTER SPRINGS, FL 32708				Name <u>Kerry McGlone</u> Street Address (P.O. Box Number is Not Acceptable) <u>812 Mount Vernon Street</u> City <u>Orlando</u> FL <u>32803</u>	
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 <u>Kerry McGlone (Kerry McGlone / EXEC. DIRECTOR)</u> 1/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	EXD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIN, PHYLLIS		NAME	Kerry McGlone	
STREET ADDRESS	1903 OLD CLUB POINT		STREET ADDRESS	812 Mount Vernon St	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Orlando, FL 32803	
TITLE	RECS	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SUSAN		NAME	Norberto Katz	
STREET ADDRESS	8610 RUNNING BEAR CT		STREET ADDRESS	931 Thistle Lane North	
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP	Maitland - FL - 32751	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOE		NAME		
STREET ADDRESS	11 W VANDERBILT ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	EXD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, DAVID		NAME		
STREET ADDRESS	931 BLUEBERRY HOLLOW CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETH, BRIJ		NAME		
STREET ADDRESS	1641 INDIAN DANCE CT		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Kerry McGlone</u> <u>KERRY MCGLONE / EXEC DIRECTOR</u> 1/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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