

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# 761371

Entity Name: THE FLORIDA SYMPHONY YOUTH ORCHESTRA, INC.

Current Principal Place of Business:

812 E. ROLLINS ST.
SUITE 300
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2328
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2225301 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLAGOV, COLLEEN
256 E. CRYSTAL LAKE ST.
ORLANDO, FL 32806 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: KATZ, NORBERTO
Address: 931 THISTLE LN N
City-St-Zip: MAITLAND, FL 32751 US

Title: RECS () Delete
Name: JONES, SUSAN
Address: 8610 RUNNING BEAR CT
City-St-Zip: ORLANDO, FL 32829 US

Title: TD () Delete
Name: HENDLEY, BRETT
Address: 1215 HOWELL CREEK DR.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP () Delete
Name: BRITTON, EDITH
Address: 5112 TUSCAN OAK DR.
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: RECS (X) Change () Addition
Name: WALCOTT, PAM
Address: 14623 ROCKLEDGE GROVE CT
City-St-Zip: ORLANDO, FL 32828 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NORBERTO KATZ

PD

08/25/2009

Electronic Signature of Signing Officer or Director

Date