

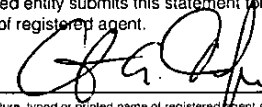


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 027 ****61.25

DOCUMENT # N00000002270					
1. Entity Name SOUTHWEST FLORIDA SYMPHONY ENDOWMENT FOUNDATION, INC.					
Principal Place of Business 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919		Mailing Address 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919			
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	01082007 Chg-NP CR2E037 (12/06)	
4. FEI Number 80-0030849				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FURRY, SHIRLEY 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919			Name <u>ERNEST TOPLIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4560 VIA ROYALE STE# 2</u> City <u>FORT MYERS</u> FL Zip Code <u>33919</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 			DATE <u>4/30/07</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2007		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, RICHARD	NAME			
STREET ADDRESS	4513 VARSITY LAKES CT.	STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIGLEY, ROBERT	NAME			
STREET ADDRESS	800 SEXTANT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEORRI, MICHAEL	NAME			
STREET ADDRESS	11640 COURT OF PALMS	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERSTEIN, ROBERT	NAME			
STREET ADDRESS	1150 HARBOUR COTTAGE CT.	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	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			
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>John J. May</u>			DATE: <u>4/30/07</u>		DAYTIME PHONE: <u>(239) 418-0996</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #