## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N00000002270



**FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90403 031 \*\*\*\*61.25

1. Entity Nam SOUTHW FOUNDA	VEST FLO	ORIDA SYMPHONY C.	' ENDOW	MENT			4				
4560 VIA ROYALE 456 Suite 2 Suit			Mailing Add 4560 VIA SUITE 2 FORT MYE		,		) (COMPON EN ON ENTRE EN	1/11 12/11 12/11 <b>1</b> 0/11 1	ANN BAKKA MANA KANI IKAKI KI	<b>a</b> ifi <b>a</b> i <b>a</b> i 18 <b>3</b> 1	
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing A	.ddress							
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			01072008 Ch	g-NP (	CR2E037 (12/06)		
City & State			City & S	City & State			4. FEI Number 80-0030849	9	<del>-  -</del>	pplied For ot Applicable	
Zip	Zip Country		Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
TOPUS F	PNEST				Name	Name					
TOPLIS, ERNEST 4560 VIA ROYALE SUITE 2					Street A	Street Address (P.O. Box Number is Not Acceptable)					
FORT MY	ERS, FL 3	3919								i	
*					City	FL Zip Code					
	named entity tions of regist	y submits this statement for ered agent.	the purpose o	f changing its req	gistered office o	r registere	ed agent, or both, in t	he State of Florid	la. I am familiar with,	and accept	
SIGNATURE		or printed name of registered agent ar	nd title if applicable.	(NOTE: Re	egistered Agent signal	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.		OFFICERS AND DIRE			11.		DDITIONS/CHANGE			V 10	
TITLE	D	5:6114 DB	J	Delete .	TITLE	CHAI	IR.	ineR-CHE	CISTIMES Change	🔀 Addition	
	NAME BUTLER, RICHARD			NAME MI			HAIR TICH AEL SCHWOIDER - CHKISTAM Change Addition 366 SE 2240 PVE.				
STREET ADDRESS 4513 VARSITY LAKES CT. CITY-ST-ZIP LEHIGH ACRES, FL 33971							IPE CORAL, FL. 33904				
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NAME	WIGLEY,	ROBERT	•	EN ORIGIE	NAME	RABI	ERT A. HICK	ر ک	Change	MJ MOULION	
STREET ADDRESS	1	ANT DRIVE			STREET ADDRESS		2 SW 1 ST C				
CITY-ST-ZIP	SANIBEL,	FL 33957			CITY-ST-ZIP			33914			
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NAME	LOCOSTOR			Delete	TITLE	SECR	RETARY TRE		☐ Change	Addition	
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OITV CT_7/P	1150 HAR	BOUR COTTAGE CT.	'	Za Delete	NAME STREET ADDRESS	SELR RoBE 1558	RETAMITAL RT L. FUG SI SHELL PO	HS INT BLU	o ·	Addition	
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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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR