

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 001 ****61.25

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1. Entity Name

FLAGLER SYMPHONIC SOCIETY, INC.



Principal Place of Business

PO BOX 350033
PALM COAST FL 32137

Mailing Address

PO BOX 350033
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3705945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGLIESE, CELIA
31 CARLSON LANE
PALM COAST FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 DIRECTORS

TITLE T ☐ Delete
NAME PUGLIESE, CELIA
STREET ADDRESS 31 CARLSON LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☒ Delete
NAME GARGUILO, TOM
STREET ADDRESS 8 CEDAR POINT
CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☒ Delete
NAME PARSON'S, JEFF
STREET ADDRESS 26 ERICKSON PL
CITY-ST-ZIP PALM COAST FL 32164

TITLE P ☐ Delete
NAME MANFRE, CORNELIA
STREET ADDRESS 10 WALNUT PLACE
CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☐ Delete
NAME LOGAN, ALPHONSE
STREET ADDRESS 3 EAST POINT COURT
CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☒ Delete
NAME SLATTERY, MARY
STREET ADDRESS 45 CONTONWOOD PL
CITY-ST-ZIP PALM COAST FL 32137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **SLATTERY MARY**
STREET ADDRESS **461 N. 10th Street**
CITY-ST-ZIP **Flagler Beach FL 32136**

TITLE ☐ Change ☒ Addition
NAME **PAM Richardson**
STREET ADDRESS **69 Putter Drive**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☒ Addition
NAME **JOHN REARDON**
STREET ADDRESS **3560 CR 214**
CITY-ST-ZIP **St. Augustine, FL 32092**

TITLE ☒ Change ☐ Addition
NAME **Manfre Cornelia**
STREET ADDRESS **51 River Trail Drive**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **EDWARD LANSLOWNE**
STREET ADDRESS **P.O. BOX 69**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Celia Pugliese Treesever 2/9/06 386-446-2800