

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008431

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLAGLER SYMPHONIC SOCIETY, INC.

Current Principal Place of Business:

31 CARLSON LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

PO BOX 350033
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3705945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGLIESE, CELIA
31 CARLSON LANE
PALM COAST, FL 32137 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: T () Delete
Name: PUGLIESE, CELIA
Address: 31 CARLSON LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: RICHARDSON, PAM
Address: 69 PUTTER DR
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete
Name: STEVENS, JEANNETTE
Address: 32 ROCKING HORSE DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: MANFRE, CORNELIA
Address: 51 RIVER TRAIL DR
City-St-Zip: PALM COAST, FL 32137

Title: P () Delete
Name: STETLER, MARY A.
Address: 461 NORTH 10TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S (X) Delete
Name: KARBACK, ANITA
Address: 90 CLUBHOUSE DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CELIA PUGLIESE

TRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date