


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90038 001 ****61.25

DOCUMENT # N00784 1. Entity Name TREASURE COAST SYMPHONY, INC.					
Principal Place of Business INDIAN RIVER COMMUNITY COLLEGE FT PIERCE FL			Mailing Address P O BOX 4169 FORT PIERCE FL 34948		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2439241 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PLATTS, NORMAN 2953 SEMINOLE RD FORT PIERCE FL 34951	
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEVENSTEIN, KELLY 1305 S E BREWSTER PLACE STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maurice Shea 534 N.W. Cortina Lane Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNIFF, SANDRA 1135 MONLY AVE. PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLATTS, NORMAN 2953 SEMINOLE DRIVE FT. PIERCE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORTH, GAIL 560 NW CORTINA LANE PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Norman W. Platts</i> Norman W. Platts			2-8-05 772 461 6641		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E037 (10/04)