

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**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**



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2439241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVENSTEIN, KELLY G  
1225 SE BREWSTER PL  
STUART, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000783886  
01/16/08-80034-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVENSTEIN, KELLY G  
STREET ADDRESS 1305 SE BREWSTER PL  
CITY-ST-ZIP STUART, FL 34997

TITLE VPD  
NAME BERJIAN, RICHARD  
STREET ADDRESS 4730 SE WATERFORD DR  
CITY-ST-ZIP STUART, FL 34997

TITLE TD  
NAME WALSH, JANET  
STREET ADDRESS 1225 SE BREWSTER PL  
CITY-ST-ZIP STUART, FL 34997

TITLE SD  
NAME NORTH, GAIL  
STREET ADDRESS 560 NW CORTINA LN  
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*James H. Walsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/08*  
Date

*772-781-2827*  
Daytime Phone #