2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N00784

Entity Name: TREASURE COAST SYMPHONY, INC.

Current Principal Place of Business:

INDIAN RIVER COMMUNITY COLLEGE
FT PIERCE, FL

New Principal Place of Business:

Current Mailing Address:

P O BOX 4169
FORT PIERCE, FL 34948

New Mailing Address:

FEI Number: 59-2439241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVENSTEIN, KELLY G
1225 SE BREWSTER PL
STUART, FL 34997 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:	PD	( ) Delete
Name:	LEVENSTEIN, KELLY G	
Address:	1305 SE BREWSTER PL	
City-St-Zip:	STUART, FL 34997	
Title:	VPD	( ) Delete
Name:	BERJIAN, RICHARD	
Address:	4730 SE WATERFORD DR	
City-St-Zip:	STUART, FL 34997	
Title:	TD	( ) Delete
Name:	WALSH, JANET	
Address:	1225 SE BREWSTER PL	
City-St-Zip:	STUART, FL 34997	
Title:	SD	( ) Delete
Name:	NORTH, GAIL	
Address:	560 NW CORTINA LN	
City-St-Zip:	FORT PIERCE, FL 34981	

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
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: JANET H WALSH TRES 02/09/2009

Electronic Signature of Signing Officer or Director — Date