

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00784

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** TREASURE COAST SYMPHONY, INC.

**Current Principal Place of Business:**

INDIAN RIVER COMMUNITY COLLEGE  
FT PIERCE, FL 34948

**New Principal Place of Business:**

1305 SE BREWSTER PLACE  
STUART, FL 34997

**Current Mailing Address:**

P O BOX 4169  
FORT PIERCE, FL 34948

**New Mailing Address:**

1305 BREWSTER PLACE  
STUART, FL 34997

**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  
1305 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  
Name: LEVENSTEIN, KELLY G  
Address: 1305 SE BREWSTER PL  
City-St-Zip: STUART, FL 34997

Title: VPD  
Name: BERJIAN, RICHARD  
Address: 4730 SE WATERFORD DR  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: SHAPIRO, HARRIET  
Address: 1902 SE TALBOT PLACE  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: NORTH, GAIL  
Address: 560 NW CORTINA LN  
City-St-Zip: FORT PIERCE, FL 34981

I hereby 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 all other like empowered.

**SIGNATURE:** HARRIET G SHAPIRO

TREA

04/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date