

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90045 048 \*\*\*\*61.25

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N01000004506</b><br>1. Entity Name<br><b>THE PHILHARMONIC SOCIETY OF NORTHWEST FLORIDA, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>P.O. BOX 25<br/>FT WALTON BEACH, FL 32549-0025</b>  |   |   | Mailing Address<br><b>P.O. BOX 25<br/>FT WALTON BEACH, FL 32549-0025</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                            |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | Zip   |  |
| Country   |   | Country   |  | 4. FEI Number<br><b>59-3741723</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHESSER, D. MICHAEL ESQ<br/>1201 EGLIN PKWY<br/>SHALIMAR, FL 32579</b>  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |   |  | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LEE, JAMES F<br>106 WRIGHT PKWY SW<br>FT WALTON BEACH, FL 32548    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BEHNKEN, URSEL<br>111 CLIFFORD DR<br>SHALIMAR, FL 32579            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHULTZ, JEAN<br>312 NW BRAIRWOOD CIR<br>FT WALTON BEACH, FL 32548 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>KNELLER, SUSAN<br>208 CALHOUN AVE<br>DESTIN, FL 32541              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MILES, PETER C<br>330 FT. PICKENS RD #11C<br>PENSACOLA, FL 32561   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Susan Kneller</i> <b>SUSAN KNELLER</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | 2/25/04 (850) 837-1742<br><small>Date Daytime Phone #</small>            |   |  |