

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004506

FILED
Apr 26, 2005
Secretary of State

Entity Name: THE PHILHARMONIC SOCIETY OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 25
FT WALTON BEACH, FL 325490025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25
FT WALTON BEACH, FL 325490025

New Mailing Address:

FEI Number: 59-3741723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, D. MICHAEL ESQ
1201 EGLIN PKWY
SHALIMAR, FL 32579 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: D () Delete
Name: LEE, JAMES F
Address: 106 WRIGHT PKWY SW
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: BEHNKEN, URSEL
Address: 111 CLIFFORD DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: SCHULTZ, JEAN
Address: 312 NW BRAIRWOOD CIR
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: KNELLER, SUSAN
Address: 208 CALHOUN AVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MILES, PETER C
Address: 330 FT. PICKENS RD #11C
City-St-Zip: PENSACOLA, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEE, JAMES F
Address: 1545 BAYTOWNE AVE
City-St-Zip: DESTIN, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: E. D (X) Change () Addition
Name: MILLER, DEBRA
Address: 160 LONG POINTE DR.
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEAD, WILLIAM
Address: 2050 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN KNELLER

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date