

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90014 027 \*\*\*\*61.25

**DOCUMENT # N01000004506**

1. Entity Name

THE PHILHARMONIC SOCIETY OF NORTHWEST  
FLORIDA, INC.



Principal Place of Business

P.O. BOX 25  
FT WALTON BEACH FL 32549-0025

Mailing Address

P.O. BOX 25  
FT WALTON BEACH FL 32549-0025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3741723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESSER, D. MICHAEL ESQ  
1201 EGLIN PKWY  
SHALIMAR FL 32579

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEE, JAMES F  
CITY - ST - ZIP 1545 BAYTOWNE AVE  
DESTIN FL 32550

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BEHNKEN, URSEL  
CITY - ST - ZIP 111 CLIFFORD DR  
SHALIMAR FL 32579

TITLE ☐ Delete  
NAME E. D  
STREET ADDRESS MILLER, DEBRA  
CITY - ST - ZIP 160 LONG POINTE DR.  
MARY ESTHER FL 32569

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KNELLER, SUSAN  
CITY - ST - ZIP 208 CALHOUN AVE  
DESTIN FL 32541

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HEAD, WILLIAM  
CITY - ST - ZIP 2050 KILDAIRE CIRCLE  
NICEVILLE FL 32578

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ursel Behnken* - Ursel Behnken/Treasurer 1-26-06 850-651-8329