

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008797 1. Entity Name PALM BEACH SYMPHONETTE, INC.					
Principal Place of Business 150 N WORTH CT W PALM BCH FL 33405-2750			Mailing Address 150 N WORTH CT W PALM BCH FL 33405-2750		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number Applied For Not Applicable 59-2707872				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, EDWARD 150 N WORTH CT W PALM BCH FL 33405-2750			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PALMER, EDWARD 150 N WORTH CT W PALM BCH FL 33405-2750 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MURRAY, MARY K 1707 LAKESIDE DR LAKEWORTH FL 33460 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MIRSKY, NORMA 2316 PALM HARBOUR DR PALM BCH GARDENS FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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.					
SIGNATURE: <i>Edward Palmer</i> <i>C. Edward Palmer</i> 03/08/04 56 6543641					