

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 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**



04172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2707872**

Applied For  
Not Applicable

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**

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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000937623  
05/27/08-80058-022 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PALMER, EDWARD
STREET ADDRESS	150 N WORTH CT
CITY-ST-ZIP	W PALM BCH, FL 334052750
TITLE	DS
NAME	MURRAY, MARY K
STREET ADDRESS	1707 LAKESIDE DR
CITY-ST-ZIP	LAKEWORTH, FL 33460
TITLE	DT
NAME	MIRSKY, NORMA
STREET ADDRESS	2316 PALM HARBOUR DR
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Edward Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 124, 2008*

Date

Daytime Phone #

*561 6543641*