


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 29 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000002711</b> 1. Entity Name <b>DAYTONA BEACH SYMPHONY SOCIETY ENDOWMENT, INC.</b>					
Principal Place of Business 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA, FL 32114			Mailing Address 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA, FL 32114		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0305828</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GORNTO, L.A. JR.</b> <b>149 S. RIDGEWOOD AVENUE</b> <b>SUITE 550</b> <b>DAYTONA, FL 32114</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Reid B. Hughes Post Office Box 590 Daytona Beach, FL 32115		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700038933057</b> <b>07/09/04--01026--001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D A. Brooks Harlow, Jr. 428 Royal Crescent Court St. Augustine, FL 32092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D L.A. Gornito, Jr. 149 S. Ridgewood Ave, Suite 550 Daytona Beach, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edmund J. Waldron 125 Ann Rustin Drive Ormond Beach, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Gulbrandsen 1889 Royal Lytham Court Daytona Beach, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 line empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7-2-04</b> Daytime Phone # <b>386-251-1899</b>		

L.A. Gornito, Jr.