2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# N05000004817

Entity Name: BOYNTON REGIONAL SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

6484 VIA PRIMO ST
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6484 VIA PRIMO ST
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 84-1676877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLKMAN, BARRY M
6484 VIA PRIMO ST
LAKE WORTH, FL 33467 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: P ( ) Delete
Name: DEFONSO, ALEX
Address: 2055 SW 11 CT
City-St-Zip: DELRAY BEACH, FL 33445

Title: V ( ) Delete
Name: VOLKMAN, FELICIA
Address: 6484 VIA PRIMO ST
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Delete
Name: ROSE, KATHY
Address: 10075 S 53 WAT #1404
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: WOOLF, JACK
Address: 9740 SAN VITTORE ST
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V S (X) Change ( ) Addition
Name: VOLKMAN, FELICIA
Address: 6484 VIA PRIMO ST
City-St-Zip: LAKE WORTH, FL 33467

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACK WOOLF T 02/06/2006
Electronic Signature of Signing Officer or Director — Date