

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 032 ****61.25

DOCUMENT # N05000004817

1. Entity Name
BOYNTON REGIONAL SYMPHONY ORCHESTRA, INC.



Principal Place of Business
6484 VIA PRIMO ST
LAKE WORTH, FL 33467

Mailing Address
6484 VIA PRIMO ST
LAKE WORTH, FL 33467

50000893



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1676877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLKMAN, BARRY M
6484 VIA PRIMO ST
LAKE WORTH, FL 33467

**DO NOT WRITE
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEFONSO, ALEX
STREET ADDRESS	2055 SW 11 CT <u>BLDG 3, #228</u>
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	V.P.
NAME	VOLKMAN, FELICIA
STREET ADDRESS	6484 VIA PRIMO ST
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	T
NAME	WOOLF, JACK
STREET ADDRESS	9740 SAN VITTORE ST
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Jack Woolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 12, 2007 561-641-3358