

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007994

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA SYMPHONY ASSOCIATION, INC.

**Current Principal Place of Business:**

310 CARSON OAKS LANE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 6326  
DESTIN, FL 32550 US

**New Mailing Address:**

**FEI Number:** 20-3261330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIOLETTE, MARK ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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  
Name: STOKES, TRACI  
Address: 10562 EMERALD COAST PARKWAY, #200  
City-St-Zip: DESTIN, FL 32550 US

Title: T  
Name: GORREBEECK, CHRIS  
Address: 4634 SHANNON DRIVE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: S  
Name: HANSEN, ERIN  
Address: 273 SWEETWATER RUN  
City-St-Zip: NICEVILLE, FL 32578 US

Title: DIR  
Name: FULLER, DEMETRIUS  
Address: 310 CARSON OAKS LN  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby 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 all other like empowered.

SIGNATURE: DEMETRIUS FULLER

DIR

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date