

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90475 043 ****61.25

DOCUMENT # N07506 1. Entity Name SUNCOAST SYMPHONY ORCHESTRA, INC.					
Principal Place of Business 8377 DENISE DR SEMINOLE, FL 33777				Mailing Address PO BOX 6126 CLEARWATER, FL 33758-126 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2691591	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIAVARINI, ELMO 8377 DENISE DR SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4-27-05	
SIGNATURE <u>Elmo Chivarini</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2005	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHIAVORINIA, ELMO <i>Chivarini</i> <input type="checkbox"/> Delete 8377 DENISE DR <i>(correct spelling)</i> SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARLAN, CHERRYL <input type="checkbox"/> Delete 7804 N MATANZAS AVENUE TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BUDIN, RICHARD <input type="checkbox"/> Delete 201 LEEWARD ISLE CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WACKER, JOHN C <input type="checkbox"/> Delete 2147 PLEASANT PARKWAY CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATWELL, TELLETA <input checked="" type="checkbox"/> Delete 2234 HARBOR VIEW DR. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chigas, Charles 206 Leeward Island Clearwater, FL 33767		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATEKA, JAMES J <input type="checkbox"/> Delete 633 TOMOKA DRIVE PALM HARBOR, FL 34683	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 like empowered.					
SIGNATURE: <u>John C. Wacker</u> 5/27/05 727-443-3895 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					