


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N07506 1. Entity Name SUNCOAST SYMPHONY ORCHESTRA, INC.	
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Principal Place of Business 8377 DENISE DR SEMINOLE, FL 33777	Mailing Address PO BOX 6126 CLEARWATER, FL 33758-126 US
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04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2691591	Applied For <input type="checkbox"/> Not Applicable
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**

**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: Elmo Chivavini (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIAVARINI, ELMO 8377 DENISE DR SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARLAN, CHERRYL 7804 N MATANZAS AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUDIN, RICHARD 201 LEEWARD ISLE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WACKER, JOHN C 2147 PLEASANT PARKWAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIGAS, CHARLES 206 LEEWARD ISLAND CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEKA, JAMES J 633 TOMOKA DRIVE PALM HARBOR, FL 34683

**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: John C. Wacker John C. Wacker 4/26/06 727-443-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #