

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002851

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** DADE CITY SYMPHONY, INC.

**Current Principal Place of Business:**

30831 DEER RUN  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

30831 DEER RUN  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 45-0847650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKIENZIE, KATHLEEN M  
30831 DEER RUN  
DADE CITY, FL 33523 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:** PD  
**Name:** MCKIENZIE, KATHLEEN M  
**Address:** 30831 DEER RUN  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** VPD  
**Name:** WEIGHTMAN, LAUREL  
**Address:** 14308 11TH STREET  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** SD  
**Name:** BOYLE, KATHLEEN  
**Address:** 30404 ST. JOE RD  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** TD  
**Name:** HAUFF, LINDA  
**Address:** 13436 14TH STREET  
**City-St-Zip:** DADE CITY, FL 33525

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:** KATHLEEN MCKIENZIE

PD

01/30/2012

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

\_\_\_\_\_  
Date