2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12564

Address:

City-St-Zip:

709 N. TAMIAMI TRAIL

SARASOTA, FL 34236

FILED Mar 20, 2009 Secretary of State

Entity Name: FLORIDA WEST COAST SYMPHONY, INC.

Current Principal Place of Business: New Principal Place of Business: 709 N. TAMIAMI TRAIL SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 709 N. TAMIAMI TRAIL SARASOTA, FL 34236 FEI Number: 59-2603081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKENNA, JOSEPH 709 N. TAMIAMI TRAIL SARASOTA, FL 34236 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MARTHA HONEY. ANNE FOLSOM SMITH, Name: Name: 709 N. TAMIAMI TRAIL Address: 709 N. TAMIAMI TRAIL Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: () Change () Addition VIRGINIA TOULMIN, Name: Name: Address: 709 N. TAMIAMI TRAIL Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition MARIE MONSKY, ARNOLD HOFFMAN, Name: Name: 709 N. TAMIAMI TRAIL Address: Address: 709 N. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 () Delete Title: Title: (X) Change () Addition JAN ODEN. Name: Name: GEORGE ALLISON, 709 N. TAMIAMI TRAIL Address: Address: 709 N. TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: (X) Change () Addition WILLIAM SEDGEMAN, MARIE MONSKY, Name: Name: 709 N. TAMIAMI TRAIL 709 N. TAMIAMI TRAIL Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: () Change () Addition SHANLEY, DOUGLAS M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VIRGINIA TOULMIN C 03/20/2009