## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15862

FILED May 02, 2008 Secretary of State

Entity Name: TAMPA BAY SYMPHONY, INCORPORATED

Current P	-ii Dlass of I			
	rincipal Place of I	Business:	New Prince	ipal Place of Business:
	CHARLES DR. ATER, FL 33764	US		.DS RD. N. .TER, FL 33756 US
Current Mailing Address:		New Mailing Address:		
P O BOX CLEARW	4653 ATER, FL 33758	US		
n accordan	ce with s. 607.193(2)(I	El Number Applied For ( ) FEI Nu b), F.S., the corporation did not receive ent Registered Agent:	' <del>-</del> '	
HARWOC 14444 86T	D, STEVEN H AVENUE NORT E, FL 34642 US	н		<b>.</b>
	named entity subn e of Florida.	nits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATU	RE:			
	Electronic S	ignature of Registered Agent		Date
OFFICER	S AND DIRECTOR	RS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS
√ame: Address:	P () Dele PARADY, JAMES R 1751 FAULDS ROAL CLEARWATER, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition
Name: Address: City-St-Zip: Title: Name: Address:	PARADY, JAMÉS R 1751 FAULDS ROAL	) 33756 ete	Name: Address:	()Change()Addition ()Change()Addition
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Title: Name: Address: City-St-Zip: City-St-Zip:	PARADY, JAMÉS R 1751 FAULDS ROAD CLEARWATER, FL  D () Dele RAINES, B. A. 9303 SEMINOLE BL SEMINOLE, FL  D () Dele STAACK, JAMES A. 600 CLEVELAND ST	0 33756 ete VD. ete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	PARADY, JAMÉS R 1751 FAULDS ROAL CLEARWATER, FL  D () Dele RAINES, B. A. 9303 SEMINOLE BL SEMINOLE, FL  D () Dele STAACK, JAMES A. 600 CLEVELAND ST CLEARWATER, FL  VP () Dele KLOTZ, KURT M 12926 137TH LANE	O 33756  ste  VD.  ste  NORTH	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition ( ) Change ( ) Addition

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.

SIGNATURE: VICTORIA G PATTERSON TD 05/02/2008