2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N15862

Entity Name: TAMPA BAY SYMPHONY, INCORPORATED

Current Principal Place of Business:

1751 FAULDS RD. N.
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4653
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2722176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARWOOD, STEVEN
14444 86TH AVENUE NORTH
SEMINOLE, FL 34642 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:	P	( ) Delete
Name:	PARADY, JAMES R	
Address:	1751 FAULDS ROAD	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	RAINES, B. A.	
Address:	9303 SEMINOLE BLVD.	
City-St-Zip:	SEMINOLE, FL	
Title:	D	( ) Delete
Name:	STAACK, JAMES A.	
Address:	600 CLEVELAND ST.	
City-St-Zip:	CLEARWATER, FL	
Title:	VP	( ) Delete
Name:	KLOTZ, KURT M	
Address:	12926 137TH LANE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	TD	( ) Delete
Name:	PATTERSON, VICTORIA G	
Address:	4051 - 14TH STREET NE	
City-St-Zip:	ST. PETERSBURG, FL 33703	
Title:	D	( ) Delete
Name:	THOMPSON, DORIS W	
Address:	17700 FIRST STREET	
City-St-Zip:	REDINGTON SHORES, FL 33708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 TRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date