

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20837 (3)

1. Corporation Name

CHARLOTTE SYMPHONY SOCIETY, INC.



Principal Place of Business

**18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948**

Mailing Address

**18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified
05/27/1987

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2029342

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, MELISSA
18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D JONES, MELISSA
18501 MURDOCK CIR 6TH FL
PORT CHARLOTTE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**PD HEMMERLE, WILLIAM T
1801 PARK BEACH CIRCLE
PUNTA GORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**TD YANKWITT, RALPH E
4193 DAY STREET
PORT CHARLOTTE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**SD BLAKE, FRED
21319 EDGEWATER DR.
PORT CHARLOTTE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D RUBY, REVA
2813 DEBORAH DR.
PUNTA GORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D LACEY, WILLIAM
19171 PUNTA GORDA CT.
PORT CHARLOTTE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

**PD Mitchell, Alan
2323 Cannolot Boulevard
Port Charlotte, FL 33948**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

**TD Stuart, Donald
22427 Delhi Avenue
Port Charlotte, FL 33952**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☒ Addition

**SD Atwood, James W.
18501 Murdock Circle, 2nd Floor
Port Charlotte, FL 33948**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

**VD Adomatis, Richard
125 Roselle Court
Port Charlotte, FL 33952**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

**VD Adomatis, Richard
125 Roselle Court
Port Charlotte, FL 33952**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☒ Addition

**VD Adomatis, Richard
125 Roselle Court
Port Charlotte, FL 33952**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan Mitchell

4/8/96

941-625-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)