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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 3394818501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948-10393. Date Incorporated or Qualified
05/27/19873a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2029342

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JONES, MELISSA
STREET ADDRESS 18501 MURDOCK CIR 6TH FL
CITY-ST-ZIP PORT CHARLOTTE FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33948TITLE PD ☐ DELETE
NAME MITCHELL, ALAN
STREET ADDRESS 2323 CAMMOLOT BLVD
CITY-ST-ZIP PORT CHARLOTTE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33948TITLE TD ☐ DELETE
NAME STUART, DONALD
STREET ADDRESS 22427 DELHI AVE
CITY-ST-ZIP PORT CHARLOTTE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33952TITLE SD ☐ DELETE
NAME ATWOOD, JAMES W.
STREET ADDRESS 18501 MURDOCK CIRCLE 2ND FLOOR
CITY-ST-ZIP PORT CHARLOTTE FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33948TITLE D ☐ DELETE
NAME RUBY, REVA
STREET ADDRESS 2813 DEBORAH DR.
CITY-ST-ZIP PUNTA GORDA FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33950TITLE VD ☒ DELETE
NAME ADOMATIS, RICHARD
STREET ADDRESS 125 ROSELLE COURT
CITY-ST-ZIP PORT CHARLOTTE FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Janita Hawk
6.3 STREET ADDRESS 12626 Sheri Street SW
6.4 CITY-ST-ZIP Lake Suzy, FL 34266

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1997 941-625-0700

CP2E037 (9/96)