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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20837** (3)

1. Corporation Name

CHARLOTTE SYMPHONY SOCIETY, INC.

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

21 12626 Sheri Street S.W.

26 P. O. Box 7052

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**23 City & State
Lake Suzy, FL**

**27 City & State
Port Charlotte, FL**

**24 Zip
34366**

**25 Country
USA**

**29 Zip
33949-7052**

**30 Country
USA**

3. Date Incorporated or Qualified

05/27/1987

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 FL**

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

TITLE **PD** ☒ DELETE
NAME **MITCHELL, ALAN**
STREET ADDRESS **2323 CAMMOLOT BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **Rinehart, Dawn**
2.4 CITY-ST-ZIP **21298 Olean Boulevard
Port Charlotte, FL 33949-4028**

TITLE **TD** ☐ DELETE
NAME **STUART, DONALD**
STREET ADDRESS **22427 DELHI AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE **SD** ☒ DELETE
NAME **ATWOOD, JAMES W.**
STREET ADDRESS **18501 MURDOCK CIRCLE 2ND FLOOR**
CITY-ST-ZIP **PORT CHARLOTTE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **Huff, Lynn**
4.4 CITY-ST-ZIP **20996 Exmore Avenue
Port Charlotte, FL 33952**

TITLE **D** ☒ DELETE
NAME **RUBY, REVA**
STREET ADDRESS **2813 DEBORAH DR.**
CITY-ST-ZIP **PUNTA GORDA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **Gateff, Ann Kelly**
5.4 CITY-ST-ZIP **27406 Misty Avenue
Punta Gorda, FL 33982**

TITLE **VD** ☐ DELETE
NAME **HAUK, JANITA**
STREET ADDRESS **12626 SHERI STREET S.W.**
CITY-ST-ZIP **LAKE SUZY FL**

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

14. I 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:

Ann Kelly

4-21-98

941-637-0697

CR2E037 (10/97)