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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20837

1. Corporation Name

CHARLOTTE SYMPHONY SOCIETY, INC.

Principal Place of Business

12626 SHERI STREET SW
LAKE SUZY FL 34366
US

Mailing Address

P O BOX 7052
PORT CHARLOTTE FL 33949-052
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME JONES, MELISSA
STREET ADDRESS 18501 MURDOCK CIR 6TH FL
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VD ☐ DELETE
NAME RINEHART, DAWN
STREET ADDRESS 21298 OLEAN BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE FL 33949-4028

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

TITLE SD ☐ DELETE
NAME HUFF, LYNN
STREET ADDRESS 20996 EXMORE AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PD ☐ DELETE
NAME GATEFF, ANN K
STREET ADDRESS 27406 MISTY AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33982

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

941-743-0004

CR2E037 (1/98)