2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N20837

1. Entity Name

CHARLOTTE SYMPHONY ORCHESTRA, INC.

FILED
06 JUN 26 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
22119 ELMIRA BLVD PORT CHARLOTTE FL 33952 US	P.O. BOX 495831 PORT CHARLOTTE FL 33949-5831 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2029342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIOON, PAUL V 22119 ELMIRA BLVD PORT CHARLOTTE FL 33952	Name: Bertha Graham Street Address (P.O. Box Number is Not Acceptable): 22119 Elmira Blvd City: Port Charlotte FL Zip Code: 33952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bertha M. Graham Bertha Graham 4/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONDELLO, KATE 3252 VILLAGE LANE PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Darlene Ward 2101 Tamiami Trail Port Charlotte, FL 33952 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIOON, PAUL V 1486 WASSAIL LN PORT CHARLOTTE FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Bertha Graham 621 Tarpon Way Punta Gorda, FL 33950 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAUMGARTNER, LARRY 21044 CHURON AVE PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEBB, ELLEN 3436 NIGHTHAWK PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAUK, JANITA 12626 SHERI STREET S.W. LAKE SUZY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEIN, LEE M P.O.BOX 495831 PORT CHARLOTTE FL 33949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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07/06/06--01044--024 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janita Hauk Executive Director 6/06/06 (941) 625-5996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #