


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90423 031 ****61.25

DOCUMENT # N20837 1. Entity Name CHARLOTTE SYMPHONY ORCHESTRA, INC.					
Principal Place of Business 22119 ELMIRA BLVD PORT CHARLOTTE, FL 33952 US			Mailing Address P.O. BOX 495831 PORT CHARLOTTE, FL 33949-5831 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2029342	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, BERTHA 22119 ELMIRA BLVD PORT CHARLOTTE, FL 33952				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, DARLENE		NAME		
STREET ADDRESS	2101 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, BERTHA		NAME		
STREET ADDRESS	621 TARPON WAY		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMGARTNER, LARRY		NAME		
STREET ADDRESS	21044 CHURON AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBB, ELLEN		NAME	Secretary	
STREET ADDRESS	3436 NIGHTHAWK		STREET ADDRESS	Debbie Harrington	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	P O Box 495831	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUK, JANITA		NAME		
STREET ADDRESS	12626 SHERI STREET S.W.		STREET ADDRESS		
CITY-ST-ZIP	LAKE SUZY, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIN, LEE M		NAME		
STREET ADDRESS	P.O.BOX 495831		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33949		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 legal empowered.					
SIGNATURE: <i>Bertha M. Graham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TREASURER Date: 4/27/07 Daytime Phone #: (941) 629-3555		