

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20837

FILED
Apr 23, 2008
Secretary of State

Entity Name: CHARLOTTE SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

22119 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495831
PORT CHARLOTTE, FL 339495831 US

New Mailing Address:

FEI Number: 59-2029342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, BERTHA
22119 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

GRAHAM, BERTHA M TREAS
22119 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: BERTHA M GRAHAM, TREASURER

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WARD, DARLENE
Address: 2101 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: GRAHAM, BERTHA
Address: 621 TARPON WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: BAUMGARTNER, LARRY
Address: 21044 CHURON AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: HARRINGTON, DEBBIE
Address: P.O. BOX 495831
City-St-Zip: PORT CHARLOTTE, FL 337495831 US

Title: VD () Delete
Name: HAUk, JANITA
Address: 12626 SHERI STREET S.W.
City-St-Zip: LAKE SUZY, FL

Title: VD (X) Delete
Name: STEIN, LEE M
Address: P.O. BOX 495831
City-St-Zip: PORT CHARLOTTE, FL 33949 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARD, DARLENE
Address: 2101 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD (X) Change () Addition
Name: TOMPKINS, JOANN
Address: 1181 VINTA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD (X) Change () Addition
Name: GRAHAM, BERTHA M
Address: 621 TARPON WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA M. GRAHAM

TREA

04/23/2008

Electronic Signature of Signing Officer or Director

Date