

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20837

FILED
Apr 16, 2009
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 M TREAS
22119 ELMIRA BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

BURCH, ALYSON 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: ALYSON BURCH

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BURCH, ALYSON
Address: 22119 ELMIRA BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change () Addition
Name: LASLEY, JOAN
Address: 25188 MARION AVE. V-19
City-St-Zip: PORT CHARLOTTE, FL 33950 US

Title: ED (X) Change () Addition
Name: LEITCH, CHARI S
Address: 22119 ELMIRA BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CHARI S. LEITCH

ED

04/16/2009

Electronic Signature of Signing Officer or Director

Date