

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28779 (9)

1. Corporation Name

PALM COAST YOUTH SYMPHONY, INC.

Principal Place of Business

10091 MCGREGOR BLVD.  
FT. MYERS FL 33919

Mailing Address

10091 MCGREGOR BLVD.  
FT. MYERS FL 33919



3. Date Incorporated or Qualified  
10/10/1988

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 202 S.E. 24th Avenue

26 202 S.E. 24th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4

27 4

City & State

23 Cape Coral FL

City & State

28 Cape Coral FL

Zip

24 33990

Country

25 LEE

Zip

29 33990

Country

30 LEE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STACKHOUSE, KEN  
1556 BARCELONA AVE.  
• FT. MYERS FL 33901

81 Name Suzanne K. Skinner  
82 Street Address (P.O. Box Number is Not Acceptable)  
202 S.E. 24th Avenue Apt 4  
83  
84 City Cape Coral FL 85 Zip Code 33990

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

*Suzanne K. Skinner*

(NOTE: Registered Agent signature required when reinstating)

8/16/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSTON, JAMES W  
STREET ADDRESS P.O. BOX 07203 N/A  
CITY-ST-ZIP FT. MYERS FL 33919

DELETE

TITLE TD  
NAME WALKER, CHERYL  
STREET ADDRESS 15930 OLD OLGA RD.  
CITY-ST-ZIP ALVA FL 33920

DELETE

TITLE VD  
NAME FOSTER, CAROL  
STREET ADDRESS 5228 SW 9TH PLACE  
CITY-ST-ZIP CAPE CORAL FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Suzanne K. Skinner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96  
Date

941-458-5375  
Daytime Phone