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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

202 S.E. 24TH AVE.
#4
CAPE CORAL FL 33990

Mailing Address

202 S.E. 24TH AVE.
#4
CAPE CORAL FL 33990-1416

3. Date Incorporated or Qualified
10/10/1988

3a. Date of Last Report
08/20/1996

2. Principal Place of Business

21 142 S.E. 18th Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 142 S.E. 18th Terrace
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
Cape Coral, Florida

27 City & State
Cape Coral, Florida

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

23 Zip Country
33990 USA

28 Zip Country
33990 USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKINNER, SUZANNE K
202 S.E. 24TH AVE.
#4
CAPE CORAL FL 33990

81 Name SKINNER, SUZANNE K
82 Street Address (P.O. Box Number is Not Acceptable)
142 S.E. 18th Terrace
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*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD
1.2 NAME FLORY, CHUCK
1.3 STREET ADDRESS 4513 ORANGE GROVE BLVD
1.4 CITY-ST-ZIP NORTH FORT MYERS, FLORIDA 33903 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* 4/19/97 (941) 458-5375

CR2E037 (9/96)