

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28779 (9)**

1. Corporation Name  
**PALM COAST YOUTH SYMPHONY, INC.**

Principal Place of Business <b>142 S.E. 18TH TERR CAPE CORAL FL 33990 US</b>	Mailing Address <b>142 S.E. 18TH TERR #4 CAPE CORAL FL 33990 US</b>
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3. Date Incorporated or Qualified <b>10/10/1988</b>
4. FEI Number <b>NOT APPLICABLE</b>
Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 CYPRESS LAKE MIDDLE SCHOOL Suite, Apt. #, etc. 22 8901 CYPRESS LAKE DR. City &amp; State 23 FORT MYERS, FL Zip 24 33919 Country 25 US</b>	2a. Mailing Address <b>26 CYPRESS LAKE MIDDLE SCHOOL Suite, Apt. #, etc. 27 8901 CYPRESS LAKE DR. City &amp; State 28 FORT MYERS, FL Zip 29 33919 Country 30 US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SKINNER, SUZANNE K  
142 S.E. 18TH TERR  
#4  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name <b>JAMES W. JOHNSTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>17593 BRENTWOOD CT.</b>
83
84 City <b>FORT MYERS, FL</b>
85 Zip Code <b>33912</b>

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 *J.W. Johnston* **J.W. JOHNSTON EX. DIRECTOR MAY 1, 1998**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FLORY, CHUCK 4513 ORANGE GROVE BLVD. NORTH FR. MYERS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WALKER, CHERYL 15930 OLD OLGA RD. ALVA FL 33920</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FOSTER, CAROL 8228 SW 9TH PLACE CAPE CORAL FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TD VICTOR MAYERON 15839 SILVERADO CT. FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VD TOM KRACMER 1453 TREDEGAR DR. FORT MYERS, FL 33919</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Sandra B. Mortham* **4/26/98** **CH 491 41 91**

CR2E037 (10/97)