FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:34

DOCUMENT # N31442 (9)

1. Corporation Name
SYMPHONY GUILD OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 14483 FT. LAUDERDALE FL 33302	P.O. BOX 14483 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1989
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0141961 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEINER-HORNSTEYN, HELENA
4430 NE 25TH AVENUE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Helena Steiner-Hornsteyn, President — Feb 1st 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINER-HORNSTEYN, HELENA	1.2 NAME	
STREET ADDRESS	4430 NE 25TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RINGER, MARIETTA	2.2 NAME	
STREET ADDRESS	2900 NE 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	~~REDMON, IMOGENE~~	3.2 NAME	
STREET ADDRESS	~~5806 PINE TERRACE~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~PLANTATION FL~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~MATHIS, HARRIET~~	4.2 NAME	
STREET ADDRESS	~~2907 NE 21 TERRACE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	Mary Jo Rogers	5.2 NAME	
STREET ADDRESS	3037 N. Ocean Blvd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	Marilyn Smith	6.2 NAME	
STREET ADDRESS	2869 SW 13th Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL. 33312	6.4 CITY-ST-ZIP	

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)(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: Helena Steiner-Hornsteyn, Pres. Feb 1st
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helena Steiner-Hornsteyn, Pres.
Date
Daytime Phone #: (305-491-2344)

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