

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Glavin Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N34468 (1)
1. Corporation Name
THE IMPERIAL SYMPHONY GUILD OF LAKE WALES, INC.



Principal Place of Business		Mailing Address	
% SYLVIA CARSON 3524 TWISTED OAK CT LAKE WALES FL 33853		% SYLVIA CARSON 3524 TWISTED OAK CT LAKE WALES FL 33853	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	29 Country	30 Country

3. Date Incorporated or Qualified	10/03/1989	
4. FEI Number	65-0190675	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
CARSON, SYLVIA 3524 TWISTED OAK CT LAKE WALES FL 33853	

10. Name and Address of New Registered Agent	
81 Name	TERRI KOHLER NELSON
82 Street Address (P.O. Box Number is Not Acceptable)	1436 Country Oaks Blvd
83	
84 City	Lake Wales
85 Zip Code	FL 33853

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 2-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TO
NAME	CARSON, SYLVIA	1.2 NAME	VIOLETA SALIDO
STREET ADDRESS	3524 TWISTED OAK CT	1.3 STREET ADDRESS	1246 South Highland Park Dr.
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	VP	2.1 TITLE	CD
NAME	FALK, PATTY	2.2 NAME	Audrey Wilkinson
STREET ADDRESS	11 CYPRESS GREEN COURT	2.3 STREET ADDRESS	567 Cloud Hawk Drive
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	SD	3.1 TITLE	
NAME	NELSON, TERRI	3.2 NAME	
STREET ADDRESS	1436 COUNTRY OAKS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	
NAME	REEVES, LINDA	4.2 NAME	
STREET ADDRESS	450 RIDGE MANOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	4.4 CITY-ST-ZIP	
TITLE	ATD	5.1 TITLE	
NAME	DE LESTANG, MARY	5.2 NAME	
STREET ADDRESS	1900 US 27TH S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	5.4 CITY-ST-ZIP	
TITLE	VIOLETA SALIDO	6.1 TITLE	
NAME	1246 South Highland Park Dr.	6.2 NAME	
STREET ADDRESS	Lake Wales, FL. 33853	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: 2/3/1998 DAYTIME PHONE: 946-678441

CR2E037 (10/97)