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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34468

1. Corporation Name

THE IMPERIAL SYMPHONY GUILD OF LAKE WALES, INC.

Principal Place of Business

% SYLVIA CARSON
3524 TWISTED OAK CT
LAKE WALES FL 33853

Mailing Address

% SYLVIA CARSON
3524 TWISTED OAK CT
LAKE WALES FL 33853



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/03/1989

4. FEI Number

65-0190675

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

9. Name and Address of Current Registered Agent

NELSON, TERRI K
1436 COUNTRY OAKS BLVD
LAKE WALES FL 33853

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARSON, SYLVIA
STREET ADDRESS 3524 TWISTED OAK CT
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE ~~VP~~
NAME ~~FALK, PATTY~~
STREET ADDRESS ~~11 CYPRESS GREEN COURT~~
CITY-ST-ZIP ~~WINTER HAVEN FL~~

☒ DELETE

TITLE SD
NAME NELSON, TERRI
STREET ADDRESS 1436 COUNTRY OAKS BLVD
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE TD
NAME SALUD, VIOLETA
STREET ADDRESS 1246 S HIGHLAND PARK DR
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE CD
NAME WILKINSON, AUDREY
STREET ADDRESS 567 CLUB HOUSE DR.
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME CARSON, SYLVIA
1.3 STREET ADDRESS 3524 TWISTED OAK CT.
1.4 CITY-ST-ZIP LAKE WALES, FL 33853

☒ Change

☐ Addition

2.1 TITLE PD
2.2 NAME TERRI KOTLER NELSON
2.3 STREET ADDRESS 1436 COUNTRY OAKS BLVD.
2.4 CITY-ST-ZIP LAKE WALES, FL 33853

☒ Change

☐ Addition

3.1 TITLE TD
3.2 NAME BOND, DANET
3.3 STREET ADDRESS 1439 COUNTRY OAKS BLVD
3.4 CITY-ST-ZIP LAKE WALES FL 33853

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME SALUD, VIOLETA
4.3 STREET ADDRESS 1246 S HIGHLAND DR.
4.4 CITY-ST-ZIP LAKE WALES FL 33853

☒ Change

☐ Addition

5.1 TITLE S
5.2 NAME WILKINSON, AUDREY
5.3 STREET ADDRESS 567 CLUB HOUSE DR
5.4 CITY-ST-ZIP LAKE WALES, FL 33853

☒ Change

☐ Addition

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

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)