2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

1. Entity Nam										
DOCUMENT # N36020 1. Entity Name THE SYMPHONY GUILD OF WINTER HAVEN, INC.					0	2-28-200	95 90236 0	50 ****6	1.25	
Principal Place of Business P.O. BOX 7721 WINTER HAVEN, FL 33883-7721 WINTER HAVEN,							50	02065	51	
2. Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162005 C	hg-NP	CR2E0	37 (10/03)		
City & State		City & State			4. FEI Number 59-2991692				optied For	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desire	d 🗆	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of Nev	w Registered	Agent		
SIEGEL, BILL			Name							
279 LAKE WINTER F	LULU IAVEN, FL 33880		Street Address		P.O. Box Number is	Not Accepta	able)			
			City				FL	Zip Coo	le	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office o	r register	ed agent, or both, in	the State of	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOTE: R	Accietored Apont signal		uchon relativity		DATE			
	Signature, typed or printed name or registered agen	and the ir applicacie. (NO) E: H	Registered Agent signat	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut										
	-					F				
10.	-	Trust Fund Cor			Added to Fees		iorida Depar	tment of S	tate	
TITLE	OFFICERS AND DI	Trust Fund Cor	11.	P	Added to Fees	SES TO OFFI	iorida Depar	tment of S	tate	
TITLE	OFFICERS AND DI V KATROS, JOHN	Trust Fund Cor	11. TITLE NAME	P Col	Added to Fees ODDITIONS/CHANG Le:	SES TO OFFI	iorida Depar	RECTORS IN	tate I 10	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma L. Tyler T 2/18/04 (863) 293-1300

Date Daytime Proce 9

ATTACHMENT 50020651

DOCUMENT #N36020

THE SYMPHONY GUILD OF WINTER HAVEN, INC. P.O. Box 7721 Winter Haven, FL 33883-7721

ADDITIONS CONTINUED

D Verrill, Dr. Peter 305 Hamilton Shore Dr. Winter Haven, FL 33881

D Wheeler, Carolyn 1950 Lake Eloise Dr., North Winter Haven, FL 33884