
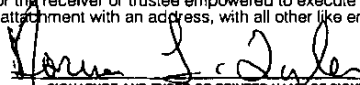


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90236 050 ****61.25

DOCUMENT # N36020 1. Entity Name THE SYMPHONY GUILD OF WINTER HAVEN, INC.					
Principal Place of Business P.O. BOX 7721 WINTER HAVEN, FL 33883-7721			Mailing Address P.O. BOX 7721 WINTER HAVEN, FL 33883-7721		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2991692	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIEGEL, BILL 279 LAKE LULU WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATROS, JOHN 500 LAKE ELBERT DR. W. WINTER HAVEN, FL 33881		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTASIO, SHERRY 4 BROGDEN LANE WINTER HAVEN, FL 33880		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, CAROL 232 MCLEAN POINTE WINTER HAVEN, FL 33884		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDEN, CAROL ANNE P.O. BOX 411 N/A WINTER HAVEN, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYLER, NORMA L 1776 6TH ST. NW APT 606 WINTER HAVEN, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Collier, Lester 3 Brogden Court Winter Haven, FL 33880		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butz, Helen 5000 Varty Road Winter Haven, FL 33884		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dillashaw, Margery 789 Ave. Q, S.E. Winter Haven, FL 33884		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koon, Dr. James 4334 Shadowood Way Winter Haven, FL 33880		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steele, Susan 207 Burns Lane, S.E. Winter Haven, FL 33884		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas, Glenn L. 1653 Crump Road Winter Haven, FL 33881		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50020651



02162005 Chg-NP CR2E037 (10/03)

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