

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36066

FILED
Mar 18, 2008
Secretary of State

Entity Name: NORTHWEST FLORIDA SYMPHONY GUILD, INC.

Current Principal Place of Business:

4554 REDBUD TRAIL
NICEVILLE, FL 325788768 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 572
NICEVILLE, FL 325880572 US

New Mailing Address:

FEI Number: 59-2985800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZONSTKA, STEVEN J
4554 REDBUD TRAIL
NICEVILLE, FL 325788768 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UMHOLZ, VERNON
Address: 381 SANTA ROSA BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VD () Delete
Name: CRAWFORD, DAVID
Address: 92 A 2ND AVE
City-St-Zip: SHALIMAR, FL 32579 US

Title: VD () Delete
Name: WIRTH, CHRISTINA
Address: 208 WINDWARD WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD () Delete
Name: CZONSTKA, ANN M
Address: 4554 REDBUD TRAIL
City-St-Zip: NICEVILLE, FL 325788768 US

Title: SD () Delete
Name: ABERTH, SALLY
Address: 825 WEEDEN ISLAND DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: SAUNDERS, KATHLEEN
Address: PO BOX 311
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RUCKDESCHEL, ROXANNE
Address: 1622 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M CZONSTKA

TD

03/18/2008

Electronic Signature of Signing Officer or Director

Date