

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36066

FILED  
Jan 25, 2009  
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: RUCKDESCHEL, ROXANNE  
Address: 1622 OAKMONT CIRCLE  
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: VD (X) Change ( ) Addition  
Name: SULLIVAN, JERRY  
Address: 219 SCENIC GULF DRIVE #1350  
City-St-Zip: MIRIMAR BEACH, FL 32550 US

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: VD (X) Change ( ) Addition  
Name: LUMSDEN, CAROL  
Address: 1475 TRAVERS COURT  
City-St-Zip: NICEVILLE, FL 32578 US

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 CZONSTKA

TD

01/25/2009

Electronic Signature of Signing Officer or Director

Date