FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42456 (6)

1. Corporation Name

CHARLOTTE SYMPHONY LEAGUE, INC.

Principal Place of Business	Mailing Address
710 SPRINGLAKE BLVD., NW PORT CHARLOTTE FL 33952	710 SPRINGLAKE BLVD., NW PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0200323 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 271 BAL HARBOR BLVD	2a. Mailing Address 26 POST OFFICE BOX 2212
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PUNTA GORDA , FL	City & State 28 PORT CHARLOTTE, FL
Zip / Country 24 33950 / 25 U.S.	Zip / Country 29 33949-2212 / 30 U.S.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARENCE RANDALL 710 SPRINGLAKE BLVD., NW PORT CHARLOTTE 33952	81 Name: ROBERT A. NEITZKE 82 Street Address (P.O. Box Number Is Not Acceptable): 271 BAL HARBOR BLVD 83 84 City: PUNTA GORDA FL 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RANDALL, CLARENCE	1.2 NAME	ROBERT A. NEITZKE	
STREET ADDRESS	710 SPRINGLAKE BLVD. NW	1.3 STREET ADDRESS	271 BAL HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHEARER, DOLORES	2.2 NAME	RUTH KORNBLATT	
STREET ADDRESS	2505 RIO TIBER DRIVE	2.3 STREET ADDRESS	1801 W. MARION AVE	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, BARBARA	3.2 NAME		
STREET ADDRESS	23053 WESTCHESTER BLVD #G313	3.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	OPELA, SALLY	4.2 NAME	BARBARA FISHER	
STREET ADDRESS	156 MORGAN LANE S E	4.3 STREET ADDRESS	3310 LOVELAND BLVD #2201	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BLOOM, TERRY	5.2 NAME	LOUISE CARLSON	
STREET ADDRESS	820 SPRINGVIEW	5.3 STREET ADDRESS	2223 CASINO COURT	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHERER, RUTH	6.2 NAME		
STREET ADDRESS	2205 PALM TREE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2/6/95 (813) 627-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. NEITZKE

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