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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42456** (6)

1. Corporation Name

**CHARLOTTE SYMPHONY LEAGUE, INC.**

Principal Place of Business

**271 BAL HARBOR BLVD  
PUNTA GORDA FL 33950  
US**

Mailing Address

**POST OFFICE BOX 2212  
PORT CHARLOTTE FL 33949-2212  
US**



3. Date Incorporated or Qualified **03/12/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

4. FEI Number

**65-0200323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**MANUGUERRA, JUNE A  
800 PAMELA DRIVE  
PUNTA GORDA FL 33950**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*June Manuguerra*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE  
NAME **MANUGUERRA, JUNE A**  
STREET ADDRESS **800 PAMELA DRIVE**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

1.1 TITLE **Vice President** ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SARGENT, ROSEMARY**  
STREET ADDRESS **27332 TIERRA DEL FURGO CIR.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33986**

2.1 TITLE **Secretary** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **DRAKE, BARBARA**  
STREET ADDRESS **23053 WESTCHESTER BLVD #G313**  
CITY-ST-ZIP **PT CHARLOTTE FL**

3.1 TITLE **President** ☒ Change ☐ Addition  
3.2 NAME **Weck, Wilnor**  
3.3 STREET ADDRESS **31020 N. Bend St**  
3.4 CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **TD** ☐ DELETE  
NAME **FISHER, BARBARA**  
STREET ADDRESS **3310 LOVELAND BLVD., #2201**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CARLSON, LOUISE**  
STREET ADDRESS **2223 CASINO COURT**  
CITY-ST-ZIP **PUNTA GORDA FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MURTAUGH, PATRICIA**  
STREET ADDRESS **2646 PARISIAN COURT**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33950**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE REQUIRED

*June Manuguerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **6067408**

CR2E037 (9/96)