

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified
03/12/1991

4. FEI Number 65-0200323	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Kohn, Dorothy
82 Street Address (P.O. Box Number is Not Acceptable) 10262 Shadow Run St.
83
84 City Punta Gorda
85 Zip Code FL 33955

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 *Dorothy Kohn* - Dorothy Kohn DATE 01/11/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME MANUQUERRA, JUNE A	
STREET ADDRESS 800 PAMELA DRIVE	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME SARGENT, ROSEMARY	
STREET ADDRESS 27332 TIERRA DEL FURGO CIR.	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME WECK, WILNOR	
STREET ADDRESS 31020 N BEND ST	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME FISHER, BARBARA	
STREET ADDRESS 3310 LOVELAND BLVD., #2201	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CARLSON, LOUISE	
STREET ADDRESS 2223 CASINO COURT	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MURTAUGH, PATRICIA	
STREET ADDRESS 2646 PARISIAN COURT	
CITY-ST-ZIP PORT CHARLOTTE FL 33950	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kohn, Dorothy	
1.3 STREET ADDRESS 10262 Shadow Run Ct	
1.4 CITY-ST-ZIP Punta Gorda, Fl. 33955	
2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Fordham, Karen	
2.3 STREET ADDRESS 7524 Catambola	
2.4 CITY-ST-ZIP Punta Gorda, Fl. 33955	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Freddie Kilburn	
5.3 STREET ADDRESS 2719 St. Thomas Dr.	
5.4 CITY-ST-ZIP Punta Gorda, Fl. 33950	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Barbara M. Murtaugh* DATE: 1/12/98 941-714-1000

CR2E037 (10/97)