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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N42456**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/12/1991**

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

9. Name and Address of Current Registered Agent

KOHN, DOROTHY  
 10262 SHADOW RUN CT  
 PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE  
 NAME KOHN, DOROTHY  
 STREET ADDRESS 10262 SHADOW RUN CT  
 CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE S ☒ DELETE  
 NAME FORDHAM, KAREN  
 STREET ADDRESS 7524 CARAMBOLA  
 CITY-ST-ZIP PORT CHARLOTTE FL 33955

TITLE P ☒ DELETE  
 NAME WECK, WILNOR  
 STREET ADDRESS 31020 N BEND ST  
 CITY-ST-ZIP PUNTA GORDA FL

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

TITLE D ☒ DELETE  
 NAME KILBURN, FREDDIE  
 STREET ADDRESS 2719 ST THOMAS DR  
 CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☒ 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 President ☒ Change ☐ Addition  
 1.2 NAME Kohn, Dorothy  
 1.3 STREET ADDRESS 10282 Shadow Run Ct.  
 1.4 CITY-ST-ZIP Punta Gorda Fl. 33955

2.1 TITLE Secretary ☒ Change ☐ Addition  
 2.2 NAME Kilburn, Freddie  
 2.3 STREET ADDRESS 5006 Useppa Ct.  
 2.4 CITY-ST-ZIP Punta Gorda, Fl. 33950

3.1 TITLE Vice President ☒ Change ☐ Addition  
 3.2 NAME Virginia Wutz  
 3.3 STREET ADDRESS 152 SW Leland St.  
 3.4 CITY-ST-ZIP Port Charlotte, Fl. 33952

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

5.1 TITLE Director ☒ Change ☐ Addition  
 5.2 NAME Louise Bankard  
 5.3 STREET ADDRESS 138 NW Buckeye Ave.  
 5.4 CITY-ST-ZIP Port Charlotte, Fl. 33952

6.1 TITLE Director ☒ Change ☐ Addition  
 6.2 NAME Matge Lincoln  
 6.3 STREET ADDRESS 11345 SW Essex Dr.  
 6.4 CITY-ST-ZIP Lake Suzy, Fl. 34266

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, with all other like empowered.

SIGNATURE:

*SIGNATURE OF PATRICIA MURTAUGH*

2/2/99

(941) 764-1859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)