

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 038 ****61.25

DOCUMENT # N42456

1. Entity Name
CHARLOTTE SYMPHONY LEAGUE, INC.



Principal Place of Business
**271 BAL HARBOR BLVD
PUNTA GORDA, FL 33950 US**

Mailing Address
**P.O BOX 510785
PORT CHARLOTTE, FL 33949-2212 US**

24003000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0200323

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTRO, PATTY
34951 WASHINGTON LOOP RD
PUNTA GORDA, FL 33982**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, PATTY	
STREET ADDRESS	34951 WASHINGTON LOOP RD	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KILBURN, FREDDI	
STREET ADDRESS	5006 USEPPA CT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COTTEN, ROSE	
STREET ADDRESS	2405 ST...DAVIDS IS CT.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOOK, MARY	
STREET ADDRESS	1578 SAN MARINO COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, LYNN	
STREET ADDRESS	4360 POINT CL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, JUDY	
STREET ADDRESS	3542 WHIPPORWILL BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilburn, Fredi	
STREET ADDRESS	5006 Useppa Ct	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Reynolds	
STREET ADDRESS	104 SW Leland St	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lou Fehr	
STREET ADDRESS	627 Bal Harbor Blvd.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bette Albarran	
STREET ADDRESS	1576 Awi Esta Dr.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Bauman	
STREET ADDRESS	3320 Via Veneto Dr	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carole Giarrante	
STREET ADDRESS	3374 Conway Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33952	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bette Albarran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bette ALBARRAN

1/20/04 941-639-8839

Date

Daytime Phone #

Attachment
24003808
N42456

Continuation - Box 11

D

Maureen Sanders O'Halloran
400 Sorrento Ct.
Punta Gorda, FL 33950

Addition

D

Betty Bullock
38 Sportsman Terr.
Rotonda West, Florida 33947

Addition

D

Barbara Pierson
128 Great Isaac Ct.
Punta Gorda, FL 33950

Addition

D

Tracey McBride
660 Coronado Dr.
Punta Gorda, FL 33950

Addition
