


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90030 001 \*\*\*\*61.25

<b>DOCUMENT # N42456</b>	
1. Entity Name <b>CHARLOTTE SYMPHONY LEAGUE, INC.</b>	

Principal Place of Business <b>271 BAL HARBOR BLVD PUNTA GORDA, FL 33950 US</b>	Mailing Address <b>P.O BOX 510785 PORT CHARLOTTE, FL 33949-2212 US</b>
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2. Principal Place of Business		3. Mailing Address		04272005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0200323</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CASTRO, PATTY 34951 WASHINGTON LOOP RD PUNTA GORDA, FL 33982</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILBURN, FREDDI 5006 USAPPA CT PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Ad <b>SANDRA ADOMATIS 125 Roselle Court Port Charlotte, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, HELEN 104 SW LELAND ST PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad <b>Helen Reynolds</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEHR, MARY LOU 627 BAL HARBOR BLVD. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad <b>Carole Giarrante 2374 Conway Blvd. Port Charlotte, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBARRAN, BETTE 1576 AQUI ESTA DR. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad <b>Lyn Bates 16362 Nogales Court Punta Gorda, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMAN, LINDA 2320 VIA VENETO DR. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad <b>MAUREEN SAUNDERS O'HALLORAN 400 Sorrento Court Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, JUDY 3542 WHIPPORWILL BLVD PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad <b>Patricia Burns 1472 Oriol Court Port Charlotte, FL 33983</b>

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 changed, or on an attachment with an address, with all other like empowered.

*Bette Albarran*

4/27/05 941-639-8839