## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N42456**

 Entity Name CHARLOTTE SYMPHONY LEAGUE, INC.



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

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

|  | •  |   | VO. TELE  |  |  |
|--|--|---|---|--|--|
| Principal Plac<br>271 BAL HAI<br>PUNTA GORD                                      |  | Mailing Address P.O BOX 510785 PORT CHARLOTTE, FL 3 | 3949-2212 US  | -<br>  | <br>Bil babba binde bili sabir bibli bushi bushi bishi biblish bi atb  |
| 2. Principal P   | Place of Business  | 3. Mailing Address                                  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.   |  | g-NP CR2E037 (10/03)   |
| City & Stat  | e  | City & State  |   | 4. FEI Number 65-0200323   | Applied Fo   |
| Zip  | Country  | Zip   | Country   | 5. Certificate of Sta  | — \$8.75 Additional  |
|  | 6. Name and Address of Current   | Registered Agent                                    |   | 7. Name and Addr   | ess of New Registered Agent  |
|  |  |   | Name  | <u></u>  |  |
|  | PATTY<br>SHINGTON LOOP RD<br>ORDA, FL 33982  |   | Street Addres   | s (P.O. Box Number is N  | ot Acceptable)   |
| ).   |  |   | City  |  | FL Zip Code  |
|  | named entity submits this statement for<br>tions of registered agent.  | or the purpose of changing its re                   | egistered office or regis   | stered agent, or both, in t  | he State of Florida. I am familiar with, and acc   |
| SIGNATURE  | Signature, typed or printed name of registered ageni   | t and title if applicable. (NOTE:                   | Registered Agent signature requ   | uired when reinstating)  | DATE   |
|  | Filing Fee Is \$61.25<br>Due by May 1, 2005  | 9. Election Camp<br>Trust Fund Co                   |   | \$5.00 May Be<br>Added to Fees   | Make check payable to<br>Fiorida Department of State   |
| 10.  | OFFICERS AND DI  | RECTORS   | 11.   | ADDITIONS/CHANGE   | S TO OFFICERS AND DIRECTORS IN 10  |
| TITLE  | Р  | Defete  | TITLE   |  | Change Ad  |
| NAME   | KILBURN, FREDDI  |   | NAME 5'A  | NORAMA   | omia is  |
| STREET ADDRESS   | 5006 USAPPA CT   |   | STREET ADDRESS /  | 25 Kosel   | le Court   |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33950  |   | CITY-ST-ZIP   | BRY ChAR   | 10the FL 33952   |
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| NAME   | REYNOLDS, HELEN  | La boloto   | NAME 11   | eleN Rey   | Nolds  |
| STREET ADDRESS   | 104 SW LELAND ST   | \*\***********************************              | STREET ADDRESS  | 0,2 1-7  | <i>// - 0</i>  |
| CITY-ST-ZIP  | PORT CHARLOTTE, FL 33952   |   | CITY-ST-ZIP   |  | <b>:</b>   |
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| NAME   | FEHR, MARY LOU   | , 7   | NAME  | CKUIE OI   |  |
| STREET ADDRESS   | 627 BAL HARBOR BLVD.   |   | STREET ADDRESS 29   | ウルチ しっしん   | ay 1010a.  |
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| 1  | PUNTA GORDA, FL 33950  |   | CITY-ST-ZIP   | Rt ChAR  | lotte FL 33952   |
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| NAME   | T<br>ALBARRAN, BETTE   | ☐ Delete  | NAME Z  | JN Bate<br>362 Nog   | ales Court   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>ALBARRAN, BETTE<br>1576 AQUI ESTA DR.<br>PUNTA GORDA, FL 33950  |   | NAME STREET ADDRESS CITY-ST-ZIP   | JN Bate<br>362 Nog   | ales Court<br>ales Court<br>and A, FL 33955  |
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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 informati 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 direct 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.

Sette Albarre

4/27/05 941-639-8839