FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1997 8:00 am
Secretary of State

DOCUMENT # **N49105** **(2)**

1. Corporation Name
HERNANDO COUNTY SYMPHONY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5711 SPRING HILL FL 34606 US	P.O. BOX 5711 SPRING HILL FL 34611-0711 US

21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/27/1992
3a. Date of Last Report: 01/31/1996
4. FEI Number: 59-2962036 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SNOW, ROBERT BRUCE
112 NORTH ORANGE
BROOKSVILLE FL

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	POLATSCHEK, JUDY ANN		1.2 NAME	Cave, Lee	
STREET ADDRESS	4529 FLOUNDER DRIVE		1.3 STREET ADDRESS	2444 Grandfather Mtn.	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	Spring Hill, Fl 34606	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	MURRIN, KEN		2.2 NAME	Polatschek, Judy	
STREET ADDRESS	4543 MARINER BLVD		2.3 STREET ADDRESS	4529 Flounder Dr	
CITY-ST-ZIP	SPRINGS HILL FL 34609		2.4 CITY-ST-ZIP	Spring Hill, Fl 34607	
TITLE	SD	☐ DELETE	3.1 TITLE	M	☑ Change ☐ Addition
NAME	HEIDORN, LEO		3.2 NAME	Heidorn, Leo	
STREET ADDRESS	12301 FOLGER ST		3.3 STREET ADDRESS	12301 Folger ST	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	Spring Hill, Fl 34609	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	JOHNSON, JANICE L		4.2 NAME	Husting, Beneva	
STREET ADDRESS	3013 APPLE BLOSSOM TR		4.3 STREET ADDRESS	900 N. Broad ST #5113	
CITY-ST-ZIP	SPRING HILL FL 34606		4.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	S	☐ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	MARTEN, TAMMY		5.2 NAME	Johnson, Joy	
STREET ADDRESS	3231 AMHERST AVENUE		5.3 STREET ADDRESS	PO Box 791 N/A	
CITY-ST-ZIP	SPRING HILL FL 34609		5.4 CITY-ST-ZIP	Brooksville, Fl 34605	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	McCarthy, Sally	
STREET ADDRESS			6.3 STREET ADDRESS	5082 Wood Vine ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Spring Hill, Fl 34608	

CR2E037 (9/96)

14. I do 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: [signature] Janice L. Johnson 1/10/97 352-683-3663