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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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 34606 US

3. Date Incorporated or Qualified: 05/27/1992

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	P	☐ DELETE	1.1 TITLE	Director/President	☒ Change ☐ Addition
NAME	CAVE, LEE		1.2 NAME		
STREET ADDRESS	2444 GRANDFATHER MTN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	POLATSCHEK, JUDY		2.2 NAME		
STREET ADDRESS	4529 FLOOUNDER DR.		2.3 STREET ADDRESS	4529 Flounder DR	
CITY-ST-ZIP	SPRING HILL FL 34607		2.4 CITY-ST-ZIP		
TITLE	M	☒ DELETE	3.1 TITLE	Director/V. President	☐ Change ☒ Addition
NAME	HEIDORN, LEO		3.2 NAME	Tammy Marten	
STREET ADDRESS	12301 FOLGER ST		3.3 STREET ADDRESS	3231 Amherst Av	
CITY-ST-ZIP	SPRING HILL FL 34609		3.4 CITY-ST-ZIP	Spring Hill Fl 34609	
TITLE	T	☐ DELETE	4.1 TITLE	Director/Treasurer	☒ Change ☐ Addition
NAME	JOHNSON, JANICE L.		4.2 NAME		
STREET ADDRESS	3013 APPLE BLOSSOM TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUSTING, BENEVA		5.2 NAME		
STREET ADDRESS	900 N. BROAD ST #5113		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	JOHNSON, JOY		6.2 NAME	Bob Lieb	
STREET ADDRESS	PO BOX 791 N/A		6.3 STREET ADDRESS	1516 Meadowlark Rd	
CITY-ST-ZIP	BROOKSVILLE FL 34605		6.4 CITY-ST-ZIP	Spring Hill, Fl 34608	

CR2E037 (10/97)

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.

SIGNATURE: Janice L. Johnson Janice L. Johnson 2/26/98 352-683-3663