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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49105

1. Corporation Name

HERNANDO SYMPHONY ORCHESTRA, 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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) 34611 — Country (30)

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

4. FEI Number: 59-2962036 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: GERMANN, GEORGE M

82 Street Address (P.O. Box Number is Not Acceptable): 5147 COMMERCIAL WAY

83

84 City: SPRING HILL **FL** 85 Zip Code: 34606

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: George M. GERMANN — 1-19-99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ 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 FLOUNDER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34607		2.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	MARTEN, TAMMY		3.2 NAME	GIASSON, DON	
STREET ADDRESS	3231 AMHERST AVE		3.3 STREET ADDRESS	5098 FLORENTINE CT	
CITY-ST-ZIP	SPRING HILL FL 34609		3.4 CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	T	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	JOHNSON, JANICE L.		4.2 NAME	JOHNSON, JANICE L.	(TREASURER V DIRECTOR)
STREET ADDRESS	3013 APPLE BLOSSOM TR		4.3 STREET ADDRESS	3013 APPLE BLOSSOM TR	
CITY-ST-ZIP	SPRING HILL FL 34606		4.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	S	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	LIEB, BOB		5.2 NAME	SPROUSE, BETH	
STREET ADDRESS	1516 MEADOWLARK RD		5.3 STREET ADDRESS	12633 EDDINGTON RD	
CITY-ST-ZIP	SPRING HILL FL 34608		5.4 CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Janice L. Johnson — 1-19-99 — 352-683-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #