

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90050 020 \*\*\*\*61.25

**DOCUMENT # N93000002899**

1. Entity Name

THE SYMPHONIC BAND OF AMERICA, INC.



Principal Place of Business

8879 SE HAWKSBILL WAY  
HOBE SOUND FL 33455  
US

Mailing Address

P.O. BOX 8395  
HOBE SOUND FL 33475-8395  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0437465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAHUN, GEORGE  
8879 SE HAWKSBILL WAY  
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DD	<input type="checkbox"/> Delete
NAME	BITGOOD, ROBERTA DR.	
STREET ADDRESS	13 BEST VIEW RD.	
CITY-ST-ZIP	QUAKER HILL CT 06375	
TITLE	DD	<input type="checkbox"/> Delete
NAME	CHEYNEY, LIZ-LYNCH	
STREET ADDRESS	51 TRUMBALL AVE.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	DD	<input type="checkbox"/> Delete
NAME	BLAHUN, GEORGE JR.	
STREET ADDRESS	7 MAMACOCKE RD.	
CITY-ST-ZIP	QUAKER HILL CT 06375	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNPHY, MARILYN	
STREET ADDRESS	8 NOTTINGHAM RD.	
CITY-ST-ZIP	OLD LYME CT 06371	
TITLE	DD	<input type="checkbox"/> Delete
NAME	STROTHER, BARBARA	
STREET ADDRESS	75 STEAMBOAT WHARF	
CITY-ST-ZIP	MYSTIC CT 06355-2748	
TITLE	DD	<input type="checkbox"/> Delete
NAME	RHODES, DIANE	
STREET ADDRESS	175 GREAT MEEK ROAD	
CITY-ST-ZIP	WATERFORD CT 06385-3739	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE. BLAHUN SR.	
STREET ADDRESS	8879 SE HAWKSBILL WAY	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

772-546-9999

Date

Daytime Phone #