

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90002 002 ****61.25

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1. Entity Name

THE SYMPHONIC BAND OF AMERICA, INC.



Principal Place of Business

KHORE SOUND PRESBYTERIAN
SE ADONIS ST
HOBE SOUND FL 33455
US

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

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
H.S. PRESBYTERIAN SE ADONIS ST
POB 8395
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 September 5, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DD ☒ Delete
NAME BITGOOD, ROBERTA DR. (deceased)
STREET ADDRESS 13 BEST VIEW RD.
CITY-ST-ZIP QUAKER HILL CT 06375

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☐ Delete
NAME CHEYNEY, LIZ-LYNCH
STREET ADDRESS 51 TRUMBALL AVE.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☐ Delete
NAME BLAHUN, GEORGE JR.
STREET ADDRESS 1 MAMAČUKE RD.
CITY-ST-ZIP QUAKER HILL CT 06375

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUNPHY, MARILYN
STREET ADDRESS 8 NOTTINGHAM RD.
CITY-ST-ZIP OLD LYME CT 06371

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☐ Delete
NAME STROTHER, BARBARA
STREET ADDRESS 75 STEAMBOAT WHARF
CITY-ST-ZIP MYSTIC CT 06355-2748

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☐ Delete
NAME RHODES, DIANE
STREET ADDRESS 175 GREAT MEEK ROAD
CITY-ST-ZIP WATERFORD CT 06385-3739

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

George Blahun

6-19-07