

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90726 040 \*\*\*\*61.25

**DOCUMENT # N93000003839**

1. Entity Name

LAKE COUNTY SYMPHONY BOARD, INC.



Principal Place of Business

300 LAKE ELLA RD.  
FRUITLAND PARK FL 34731  
US

Mailing Address

PO BOX 493107  
LEESBURG FL 34749-3107  
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

59-3198019

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

VALDEZ, ANITA  
300 LAKE ELLA RD.  
FRUITLAND PARK FL 34731

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 P  
NAME VALDEZ, ANITA ☐ Delete  
STREET ADDRESS 300 LAKE ELLA RD.  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE VD  
NAME TOWNSEND, JANE ☐ Delete  
STREET ADDRESS 820 PALM HARBOR CT.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD  
NAME STEWART, KRIS ☐ Delete  
STREET ADDRESS 34415 KINGFISH  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D  
NAME FABER, ALADA ☐ Delete  
STREET ADDRESS 1106 N PALMETTO ST  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D  
NAME KESLER, JANE ☐ Delete  
STREET ADDRESS 6647 OHIO AVE  
CITY-ST-ZIP LADY LAKE FL 32159

TITLE T  
NAME ANDREWS, BECKY ☐ Delete  
STREET ADDRESS 33640 OVERTON DR  
CITY-ST-ZIP LEESBURG FL 34788

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

*Becky Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04  
Date

352-728-4624  
Daytime Phone #