## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9300005207 (6) 1. Corporation Name

## YOUNG EXECUTIVES SUPPORTING THE SYMPHONY, INC.

Principal Place of Business Mailing Address						) IMMERIAN NIN INTON TILL WHILL NINE			<b>                                    </b>
33 S HOGAN ST			902						
BACKOOHIL	LE TE SEEVE	0.00.000.000.000				<ol> <li>Date Incorporated or Qualified 11/18/1993</li> </ol>	3a. D.	ate of Last F 11/07/1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number <b>59-3224382</b>			Applied For Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.		•		E. Continue of Otatus Desired	k		Additional
22		27				5. Certificate of Status Desired	<b>₩</b>	Fee F	Required
City & State		City & State				6. Election Campaign Financing			May Be
23		28	7 00.	nto.		Trust Fund Contribution		·- · - · - · - · - · - · - · - · · - · · - ·	to Fees
Zip	Country 25	Zip 29	30 Cou	wy		This corporation has liability for it     Florida Statutes	ntangible t ] Yes 🗷		199.032,
24	9. Name and Address of Curre		[30]			10. Name and Address of New R			
				81 Na	ame			<del></del>	
PIERSO	N, DAVID L			00 ()	root Addres	s (P.O. Box Number is Not Acceptable	(a)		
33 S HOGAN ST				<b>82</b> St	reet Addres	S (P.O. Box Number is Not Acceptable	ы		
SUITE 400				83					
	ONVILLE FL 32202			04 0				ne Zio	Codo
				<b>84</b> Cr	Ty		FL	85 Zip	Code
or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the c	ve-name orporati	ed corporation's board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of ch pintment as	anging its re s registered	egistered office agent. I am
SIGNATURE	·								
OIONATOTIE _	Signature, typed or printed name of registered ager			Agent sign	ature required v		DATE		
12.		ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	DIEDOON DAVID I	DELETE	1 1 TI					Change	Addition
NAME	PIERSON, DAVID L	١٨	1 2 N/						
STREET ADDRESS	33 S HOGAN ST SUITE 30 JACKSONVILLE FL 32202	TU .		REET ADDI	i				
CITY - ST - ZIP	PD PD	DELETE		TY - ST - ZIF	-+-			Change	Addition
TITLE	FRIAS, JAIME	Преселе	2 1 TI 2.2 No		D			Charige	
NAME	3057 CYPRESS CREEK			REET ADDI	DECC.				
STREET ADDRESS	PONTE VEDRA BEACH FL	32082		ITY-ST- <i>Z</i> (					
CITY-ST-ZIP TITLE	D	<b>≥</b> DELETE	3.1 TI		0		<del></del>	☐ Change	Addition Addition
NAME	ANDREW, FRANK		3.2 N		1 .	RAY DRIVER		- •	_
STREET ADDRESS	4324 1/2 MCGRITS BLVD			REET ADD	RESS 93	60 Craven Rd, Uni	105		
CITY-ST-ZIP	JACKSONVILLE FL 32210			ITY - ST - ZI		cksonville, FL 3			
TITLE	\$	<b>₽</b> DELETE	4.1 Ti		5			Change	Addition
NAME	DELL, DENISE D	,	4 2 N	AME	KIN	1 BURTON			
STREET ADDRESS	200 MARGARET ST #1		435	REET ADD	RESS 34	10 Park St.			
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	6	4.4 C	TY - ST - Zil	Ja	cksonulle, FL 32	205		
TITLE	V	<b>⊠</b> DELETE	5.1 TI	TLE	1	•		☐ Change	Addition
NAME	WILSON, JILL		5.2 N	AME	1 Am	na Annabi	^		
STREET ADDRESS	2832 LYDIA ST		5.3 S	TREET ADD		84 Green Springs			
C(TY-ST-Z(P	JACKSONVILLE FL 32205		5.4 C	TY-ST-ZII	Ja	cksonville, FL 322	16		. <u>.</u>
TITLE	T	DELETE	6.1 T	TLE	P	•		Change	☐ Addition
NAMÉ	WOOD, JOE		6 2 N	AME	Į				
STREET ADDRESS	2912 ST JOHNS AVE #15		635	FREET ADD	RESS				
0.74 07 70	LACKSONVILLE EL 32205		640	TV C1 7:	ا ہ				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 truetee 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 apartitachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

22/36 (904) 354-5419