## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # N9300005207 (6)

2912 ST JOHNS AVE #15

JACKSONVILLE FL

STREE1 ADDRESS

YOUNG EXECUTIVES SUPPORTING THE SYMPHONY, INC.							
Principal Place	e of Business	Mailing Address				<u>ili arilia edila aliko aldar or</u>	III (00) (00)
B3 S HOGAN ST SUITE 400 SUITE 400 JACKSONVILLE FL 32202 JACKSONVILLE FL 3				-	3. Date Incorporated or Qualified	3a. Date of Last R	
0.00	15	1 6 14 22 4 4 4 4 4			11/18/1993	03/07/199	·····
	N Water Street	26 300 W Way	ter Street		4. FEI Number 59-3224382	<del></del>	pplied For ot Applicable
Suite, Apt.	#, etc. <b>20</b> 00	Suite, Apt. #, etc.	()		5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State	<u> </u>		6. Election Campaign Financing		May Be
	ksonville, FL	28 Jackson	ille, FL		Trust Fund Contribution		to Fees
24 3 2 2	Country 25	29 32202 3	Countrly			Yes 🔯 No	i. 199.032,
	9. Name and Address of Current	Registered Agent	ad II		<ol><li>Name and Address of New Re-</li></ol>	gistered Ağent	
PIERSON,	81 Name HARMAN NAN  82 Street Address (P.O. Box Nurhber is Not Acceptable)  300 W. Worker St.						
SUITE 400			83 <	$\sim$	200	**************************************	<del></del>
JACKSON	84 City	20 °	ksmuille	FL 85 Zip	Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	corpora	tion submits this statement for the p	urpose of changing i	
agent La	to the provisions of Sections 617.0502 egistered agent, or both, in the State im argiffar with, and accept the obliga	tions of, Section 617.0503, Flork	monzed by the corp da Statutes.	poration	s board or directors, i hereby accep	t l	reflistered
SIGNATURE	I du terma	~ President	4 COO			1/17/97	
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	e reduired w	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	d	· · · · · · · · · · · · · · · · · · ·	Change	Addition .
NAME	PIERSON, DAVID L		1.2 NAME	HA	RMAN, NAN		
STREET ADDRESS	33 S HOGAN ST SUITE 300		1,3 STREET ADDRESS	300	RMAN, NAN DW WATER ST.	SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP	JA	KEON UILLE FL	3730r	
TITLE	D	DELETE	2.1 TITLE	}	•	Change	Addition
NAME	FRIAS, JAIME		2.2 NAME				
STREET ADDRESS	3057 CYPRESS CREEK		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	PONTE VEDRA BEACH FL	DELETE	2 4 CITY-ST-ZIP 31 TITLE	P		<b>⊠</b> Change	Addition
NAME	D Driver, Ray G.	been	3.2 NAME	r		es onungo	Lad rectified
STREET ADDRESS	9360 CRAVEN RD, UNIT 105		3.3 STREET ADDRESS	-			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP				
TITLE	S	DELETE	4.1 TITLE	<del> </del>		Change	Addition
NAME	BURTON, KIM		4. 2 NAME			•	
STREET ADDRESS	3410 PARK ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	1			
TITLE	1	☐ DELETE	5.1 TITLE	<b></b>		Change	Addition
NAME	ANNABI, AMNA		5.2 NAME				•
STREET ADDRESS	2584 GREEN SPRINGS DR		5.3 STREET ADDRESS				
DITY-ST-ZIP	JACKSONVILLE FL		5,4 CITY-ST-ZIP	1			
TITLE	P	DELETE	6.1 TITLE	B		Change	Addition
NAME	WOOD JOE		6.2 NAME				

14. I do 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 cath; 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 op an attachment with an address. SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP