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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90034 024 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005207**

1. Corporation Name

**YOUNG EXECUTIVES SUPPORTING THE SYMPHONY, INC.**

Principal Place of Business

300 W. WATER ST.  
STE. 200  
JACKSONVILLE FL 32202  
US

Mailing Address

300 W. WATER ST.  
STE. 200  
JACKSONVILLE FL 32202  
US

5 2 7 5 0 6 - 9 0 0 3 4 - 2 4



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

59-3224382

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

9. Name and Address of Current Registered Agent

GILLIS, LINDA  
300 W WATER ST  
STE. 200  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Amna Stili  
82 Street Address (P.O. Box Number is Not Acceptable)  
300 W Water St.  
83 Suite 200  
84 City Jax FL 85 Zip Code FL 32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Amna Stili

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P**  
MACDONALD, KAREN  
STREET ADDRESS 12302 HUNTER HAVEN LN  
CITY-ST-ZIP JAX FL 32224

TITLE ☐ DELETE  
NAME **T**  
WILLIAMS, A  
STREET ADDRESS 5257 HUNT VALLEY DR N  
CITY-ST-ZIP JAX FL 32257

TITLE ☒ DELETE  
NAME **S**  
CAMERLENGO, JOE  
STREET ADDRESS 12302 HUNTERS HAVE LAN  
CITY-ST-ZIP JAX FL 32224

TITLE ☐ DELETE  
NAME **D**  
ANNABI, AMNA  
STREET ADDRESS 2584 GREEN SPRINGS DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE  
NAME **D**  
WOOD, JOE  
STREET ADDRESS 2912 ST JOHNS AVE #15  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D**  
KAREN CAMERLENGO  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **P**  
Stili, Amna.  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

354-5479

Daytime Phone #

CR2E037 (11/98)