

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

1-2

DOCUMENT # N94000000953 (9)

1. Corporation Name

SYMPHONIC YOUTH OF FLORIDA, INC.



Principal Place of Business

Mailing Address

9600 W SAMPLE RD
STE 507
CORAL SPRINGS FL 33065

3121 N.W. 108TH DR.
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0468784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRA S.
HALPERT, MARIA L
3121 N.W. 108TH AVE.
CORAL SPRINGS FL 33065

81 Name

MIRA S. HALPERT

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, WALT	
STREET ADDRESS	9600 W SAMPLE RD #507	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALPERT, MARIA	
STREET ADDRESS	3121 N.W. 108TH DR.,	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VORSAS, GAIL M	
STREET ADDRESS	7500 RED BAY PLACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALPERT, MARK H	
STREET ADDRESS	3121 NW 108TH DR.	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, CINDY	
STREET ADDRESS	9050 NW 51 PLACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, KIM	
STREET ADDRESS	8405 NW 61ST. #107	
CITY - ST - ZIP	TANARAC FL 33321	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9050 NW 51 PLACE
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL. 33067
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	HALPERT, MIRA
2.4 CITY - ST - ZIP	3121 NW 108 DR. 12 CORAL SPRINGS, FL. 33065
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D
3.3 STREET ADDRESS	GAIL VORSAS
3.4 CITY - ST - ZIP	7500 Red Bay Place Coral Springs, FL. 33065
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D
4.3 STREET ADDRESS	MARK H HALPERT
4.4 CITY - ST - ZIP	3121 NW 108th Drive CORAL SPRINGS, FL 33065
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D
5.3 STREET ADDRESS	CINDY STEVENS
5.4 CITY - ST - ZIP	9050 NW 51 Place CORAL SPRINGS, FL 33067
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	CARMEN NEWSTREET
6.4 CITY - ST - ZIP	3877 NW 82nd Way CORAL SPRINGS, FL 33065

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 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.

SIGNATURE: Mira S Halpert MIRAS. HALPERT 4/25/96 954-341-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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13. Additions To officers/directors in 12

D.

Carole Georgia
6435 NW 58th Way
Parkland, FL. 33067

D

Donald Foley
8306 NW 35th Ct.
CORAL SPRINGS, FL. 33065