

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 OCT 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006357 (5)

1. Corporation Name

INDIAN RIVER YOUTH SYMPHONY, INC.

Principal Place of Business 12736 NORTH A1A VERO BEACH FL 32963	Mailing Address 12736 NORTH A1A VERO BEACH FL 32963
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3. Date Incorporated or Qualified

12/12/1996

4. FEI Number

65-0717701

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business 21 940 48th AVE Suite, Apt. #, etc. 22 City & State 23 VERO BEACH, FL Zip 24 32966 Country 25	2a. Mailing Address 26 P.O. Box 7194 Suite, Apt. #, etc. 27 City & State 28 VERO BEACH, FL Zip 29 32961 Country 30
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9. Name and Address of Current Registered Agent

LABRANCHE, KEL
12736 NORTH A1A
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name TOM FRITZ	82 Street Address (P.O. Box Number is Not Acceptable) 940 48th AVE	83	84 City VERO BEACH	85 Zip Code FL 32962
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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 THOMAS C. FRITZ, DIRECTOR 9/21/98
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
D LABRANCHE, KEL 12736 NORTH A1A VERO BEACH FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE
D KOFSTAD, JACKIE 2525 87TH AVENUE VERO BEACH FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE
D BEAVER, CHERI 955 23RD AVENUE VERO BEACH FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☒ Addition D TED. SCHMIDT P.O. Box 7194 VERO BEACH, FL 32961
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D TOM FRITZ 940 48th AVE VERO BEACH, FL 32962
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D SUZIE BODE 236 18th AVE VERO BEACH, FL 32962
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D JACKIE SHOEMAKER P.O. Box 277N/A VERO BEACH, FL 32961
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition D [Signature]
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition D [Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: [Signature] 9/18/98 561-770-2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0003404

CR2E037 (5/98)