


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004865 1. Entity Name SYMPOSIUM SINGERS, INC.	
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Principal Place of Business 2008 ROBINSON AVENUE SARASOTA, FL 34232-3234	Mailing Address 2008 ROBINSON AVENUE SARASOTA, FL 34232-3234
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04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1615491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CULLEN, JAMES 2008 ROBINSON AVENUE SARASOTA, FL 34232-3234
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000125614
04/23/04-80001-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EAD CULLEN, JAMES 2008 ROBINSON AVENUE SARASOTA, FL 342323234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, GEORGE 6607 DEERING CIRCLE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JAYE 4006 RADNOR PLACE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEDELBOWER, PHYLLIS 1642 MAIN ST. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINSTEIN, MD, LEONARD 1865 SIESTA DR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, GEORGE 6607 DEERLING CIR. SARASOTA, FL 34240

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Cullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 20, 2004 *941-922-0034*