

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746020

Entity Name: CVE/DEERFIELD BEACH SYMPHONY ORCHESTRA, INC.**Current Principal Place of Business:**12587 KETTLE RIVER PASS
BOYNTON BEACH, FL 33473**Current Mailing Address:**12587 KETTLE RIVER PASS
BOYNTON BEACH, FL 33473 US**FEI Number:** 65-0654490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, BEVERLY
12587 KETTLE RIVER PASS
BOYNTON BEACH, FL 33473 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SORCE, MARY ELLEN
Address	224 FLANDERS E
City-State-Zip:	DELRAY BEACH FL 33484

Title	SD
Name	MUSEN, ELLEN
Address	12896 BIG BEAR BLUFF
City-State-Zip:	BOYNTON BEACH FL 33473

Title	DIRECTOR
Name	CAVALLO, TRUDY
Address	364 SEQUOIA LANE
City-State-Zip:	BOCA RATON FL 33487

Title	TD
Name	SANDERS, BEVERLY
Address	12587 KETTLE RIVER PASS
City-State-Zip:	BOYNTON BEACH FL 33473

Title	DIRECTOR
Name	HEPPEN, GAIL
Address	13317 ALHAMBRA LAKE CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEVERLY SANDERS**TREASURER****03/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date