2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00950

Entity Name: NORTH PORT SYMPHONY, INC.

Apr 30, 2015 Secretary of State CC0849920907

FILED

Current Principal Place of Business:

6400 W PRICE BLVD NORTH PORT. FL 34291

Current Mailing Address:

6400 W PRICE BLVD

NORTH PORT. FL 34291 US

FEI Number: 59-2454986 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIMES, LINDA C 3110 BROOKLYN AVENUE PORT CHARLOTTE, FL 33952 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: LINDA CHORNY HIMES 04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title

CAMPOS, BRENT LOUKOTA, JOHN JR Name Name

4236 LANGTREE AVE 2651 DENICKE Address Address

City-State-Zip: NORTH PORT FL 34286 NORTH PORT FL 34286 City-State-Zip:

Title ARTISTIC DIRECTOR Title TRUSTEE BUXTON, DONALD F Name ROMANSKI, ROBERT Name Address 609 GREENBRIAR DR. Address 5107 76 ST E

BRANDON FL 33511 City-State-Zip: City-State-Zip: BRADENTON FL 34203

Title **TRUSTEE** Name BABINO, DICK Name HAWKINS, LORRAINE

Address 10075 BENTLY AVE 2063 ELLERY ST Address

City-State-Zip: ENGLEWOOD FL 34224 PORT CHARLOTTE FL 33952 City-State-Zip:

Title **TRUSTEE**

FRANCIS, HEATHER Name

444 PEBBLE BEACH LANE Address City-State-Zip: PUNTA GORDA FL 33982

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.

Title

TRUSTEE

04/30/2015 SIGNATURE: HEATHER FRANCIS TRUSTEE