

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000962

Entity Name: FORT MYERS SYMPHONIC CHORUS, INC.**Current Principal Place of Business:**6900 DANIELS PARKWAY
STE 29-193
FORT MYERS, FL 33912-7513**Current Mailing Address:**6900 DANIELS PARKWAY
STE 29-193
FORT MYERS, FL 33912-7513 US**FEI Number:** 65-1131571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEANE, ROBERT L
8420 ARBORFIELD CT.
FORT MYERS, FL 33912 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 JANDA-KANNER, JILL
Address 1489 ALBATROSS RD
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name BEANE, ROBERT L
Address 8420 ARBORFIELD CT
City-State-Zip: FORT MYERS FL 33912

Title TREASURER
Name HOYER-BOOTH, ELIZABETH A
Address 8420 ARBORFIELD CT.
City-State-Zip: FORT MYERS FL 33912

Title D
Name WILSON, ROBERT
Address 25120 HARBORSIDE BLVD
City-State-Zip: PUNTA GORDA FL 33955

Title D
Name BERSCH, JEAN
Address 1211 LAFAYETTE ST.
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY, DIRECTOR
Name SHORE, CHRISTIE
Address 12011 LUCCA ST.
UNIT 202
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name SMITH, ELWOOD
Address 6585 WILLOW LAKE CIRCLE
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR
Name BLAIR, EDITH D
Address 2934 GOLFSIDE DR
City-State-Zip: NAPLES FL 34110

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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: ELIZABETH HOYER-BOOTH

TREASURER

04/19/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOLLER, MATTHEW
Address 3825 SE 3RD AVE
City-State-Zip: CAPE CORAL FL 33904

Title VP, DIRECTOR
Name CONTINO, ANTHONY
Address 2090 WEST FIRST ST
1909
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name DEMASTER, RUTH
Address 9245 BELLEZA WAY #103
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name BAHR, JASON
Address 1616 N. FLOSSMOOR RD
City-State-Zip: FORT MYERS FL 33919