2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2020
Secretary of State
8900277697CC

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	VP, DIRECTOR
Name	JANDA-KANNER, JILL
Address	1489 ALBATROSS RD
City-State-Zip:	SANIBEL FL 33957

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

Title	PRESIDENT, DIRECTOR
Name	CONTINO, ANTHONY
Address	1517 MCGREGOR RESERVE DR.
City-State-Zip:	FORT MYERS FL 33901

Title	TREASURER
Name	SLEDGE, CARLA E
Address	15366 BONEFISH TRAIL
City-State-Zip:	BONITA SPRINGS FL 34135

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

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

Title	DIRECTOR
Name	ERICH, LESTER
Address	4414 SW SANTA BARBARA PL
City-State-Zip:	CAPE CORAL FL 33914

Title	D
Name	WHITE, AARON P
Address	8601 S LAKE CIR
City-State-Zip:	FT MYERS FL 33908

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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: CARLA SLEDGE TREASURER 02/17/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	KURTZ, HAROLD
Address	13883 LILY PAD CIR
City-State-Zip:	FT MYERS FL 33907

Title	S
Name	COX, JENNIFER
Address	4015 PALM TREE BLVD 401
City-State-Zip:	CAPE CORAL FL 33904