

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721894 (4)**

1. Corporation Name  
**MIAMI CHORAL SOCIETY, INC.**

Principal Place of Business <b>1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US</b>	Mailing Address <b>1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US</b>
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<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**3.** Date incorporated or Qualified  
**10/15/1971**

**4.** FEI Number  
**23-7250811**

**6.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**GIBBS, DONNY H  
20635 ISLAND RD  
MIAMI FL 33189**

**10. Name and Address of New Registered Agent**

**81** Name **Timothy A. Sharp**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**11435 SW 109 RD 46A**

**84** City **Miami** **FL** **85** Zip Code **33176**

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Timothy A. Sharp* DATE **2/10/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKES, ROBERT	1.2 NAME	
STREET ADDRESS	95 W MCINTYRE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BICAYNE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DEBORAH	2.2 NAME	
STREET ADDRESS	13040 SW 70 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUMIET, JUAN P.	3.2 NAME	
STREET ADDRESS	1221 BRICKELL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ELLEN	4.2 NAME	
STREET ADDRESS	8345 PONCE DE LEON RD	4.3 STREET ADDRESS	<b>M. Cristina de la Vega</b>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<b>44 West Flagler St. Miami, FL 33180</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, MARY	5.2 NAME	
STREET ADDRESS	8577 SW 12 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KMIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, TIMOTHY	6.2 NAME	
STREET ADDRESS	121 ALHAMBRA PLAZA	6.3 STREET ADDRESS	<b>Timothy A. Sharp</b>
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	<b>11435 SW 109 RD 46A Miami, FL 33176</b>

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy A. Sharp* **Timothy A. Sharp 1/7/98 (305)662-7494**

CR2E037 (10/97)