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FILED
Feb 16 1998 8:00am
Secretary of State

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

1. Corporation Name
MIAMI CHORAL SOCIETY, INC.

Principal Place of Business 1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US	Mailing Address 1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 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

83

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* **2/10/98**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

4.1 TITLE Change Addition
M. Cristina de la Vega

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Miami, FL 33180

6.1 TITLE Change Addition
Timothy A. Sharp

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Miami, FL 33176

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)