

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:12

DOCUMENT # **744400** (3)

1. Corporation Name
LOVE SONG TO THE MESSIAH ASSOCIATION, INC.

Principal Place of Business Mailing Address
4751 NW 24TH CT. FT. LAUDERDALE FL 33313 **P.O. BOX 4386 FT. LAUDERDALE FL 33338**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1978** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-1852741** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **7264 W. Oakland Pk Blvd** 26 **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Ft Lauderdale** 28
Zip Country Zip Country
24 **33313** 25 **Broward** 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LASH, NEIL A
888 AZALEA CT.
FT LAUDERDALE, FLORIDA
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LASH, NEIL
STREET ADDRESS	888 AZALEA COURT
CITY - ST - ZIP	PLANTATION FL
TITLE	STD
NAME	LASH, MRS. JAMIE
STREET ADDRESS	888 AZALEA COURT
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	ESPOSITO, FRANK
STREET ADDRESS	11206 TAFT STREET
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	KOELNER, HARVEY
STREET ADDRESS	5317 MYRTLE TERR.
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	SHAMBO, EDWARD
STREET ADDRESS	3901 NORTH PARK RD.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D
NAME	KLUGE, CHARLES
STREET ADDRESS	13754 SANDCRANE DR.
CITY - ST - ZIP	PALM BCH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Delete this officer
He has resigned. Not replaced.*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neil A. Lash* **Neil A. Lash** 3/30/95 305-741-3160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)