## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # C9300000015 (1)

FRIENDS OF CHAMBER MUSIC OF MIAMI, INC.

## FILED Feb 12 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address   |   |                     |            |   |  | EDING DOINT HOURT OUT HOUS        |
|---|---|---------------------|------------|---|--|-----------------------------------|
| 44 WEST FLAGLER STREET SUITE 1725 MIAMI FL 33130 44 WEST FLAGLER STREET SUITE 1725 MIAMI FL 33130 MIAMI FL 33130  |   |                     |            |   | Date Incorporated or Qualified     01/18/1955      FEI Number                      | Applied For                       |
|   |   |                     |            |   | 59-0996022   | Not Applicable                    |
| 2. Principal P  | ncipal Place of Business 2e. Mailing 26 |                     | Address    |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. | <b>├</b> ─ |   | Election Campaign Financing     Trust Fund Contribution                            | \$5.00 May Be<br>Added to Fees    |
| City & State  |   | City & State        | <b>⊢</b>   |   | 7. Is this nonprofit corporation a homeowners association?                         |                                   |
| <b>Z</b> ip <b>24</b>   | Country 25                              | Zip<br>29           | Coul       | ntry  | 8. This corporation owes or has paid the currel Personal Property Tax due June 30. | nt year Intangible<br>Yes         |
| 9. Name and Address of Current Registered Agent   |   |                     |            |   | 10. Name and Address of New Registered Ag  | ent                               |
|   |   |                     |            | B1 Name   |  |                                   |
| KREEGER, JULIAN H   |   |                     |            | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |
| 44 WEST FLAGLER STREET  |   |                     | - 1        | 0.000,7   | identities (1.0. Box (territor) to rect (1000ptable)                               |                                   |
| SUITE 1725  |   |                     | Ì          | 83  |  |                                   |
| MIAMI F   |   |                     | }          | 04 00.  |  | del 3- 0-de                       |
|   |   |                     | ľ          | 84 City   | FL   | 85 Zip Code                       |
| 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   | <u> </u>                                | (100                | Yr. D      | A   | required when reinstating) DATE  | <del></del>                       |
| Signature, typed or printed name of registered agent and total if applicable (NOTE: Ro  12. OFFICERS AND DIRECTORS  |   |                     | 13,        | Agent aignature r                                     | ADDITIONS/CHANGES TO OFFICERS AND D  | DIRECTORS IN 12                   |
| TITLE   | P/D                                     | DELETE              | 1.1 TIT    | LE  |  | Change Addition                   |
| NAME  | KREEGER, JULIAN H                       |                     | 1,2 NA     | ME  |  |                                   |
| STREET ADDRESS  | 44 W. FLAGLER STREET                    |                     | 1.3 \$10   | REET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33130                          |                     | 1.4 CIT    | Y-ST-ZIP  |  | '                                 |
| TITLE   | T/D                                     | ☐ DELETE            | 2.1 TIT    | LE  |  | Change Addition                   |
| NAME  | MARGOLIUS, EDITH                        |                     | 2.2 NA     | ME  |  |                                   |
| STREET ADDRESS  | 1506 S.W. 23RD STREET                   |                     | 2.3 \$T    | REET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33145                          |                     | 2.4 C      | TY-ST-ZIP   |  |                                   |
| TITLE   | S/D                                     | ☐ DELETE            | 3.1 1/1    | LE  | Ţ  | Change Addition                   |
| NAME  | AJMONE-MARSAN, ROSET                    | TA                  | 3.2 NA     | ME  |  |                                   |

CRIY-SI-ZIP

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 supplication and the proof of the corporation of the exemption 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 of the exceiver or trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or bn at attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

☐ DELETE

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

44 W. FLAGLER ST.

MIAMI FL 33130

78 305-313-3131

Change

Change

Addition

Addition

Addition