SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # **N14977** (5)

1. Corporation Name
SOUTH FLORIDA CHORAL ARTS, INC.

Principal Place of Business	Mailing Address
12555 BISCAYNE BLVD. 822 P.O. BOX 96772 FT LAUDERDALE FL 33310-9772 US	12555 BISCAYNE BLVD. 822 P.O. BOX 9772 FT LAUDERDALE FL 33310-9772 US

3. Date Incorporated or Qualified: 04/01/1986
3a. Date of Last Report: 06/30/1995
4. FEI Number: 59-2651755 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KERR, STEPHEN R
4800 BAYVIEW DR. #803
FT. LAUDERDALE FL 33308

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CROSBY, GREG		1.2 NAME	Randall L. Thriewits	
STREET ADDRESS	537 LAKEVIEW DR.		1.3 STREET ADDRESS	3105 Phoebe LN	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	CLARK, DAVID		2.2 NAME	Michael Barnes	
STREET ADDRESS	423 S.W. 19TH ST		2.3 STREET ADDRESS	2626 NE 11th Ct #4	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SANDS, JOE		3.2 NAME	Michael Miller	
STREET ADDRESS	520 NE 20TH ST #216		3.3 STREET ADDRESS	1424 Grand Ave	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	PD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	BAULLEU, BOB		4.2 NAME	John F. Cole	
STREET ADDRESS	426 27TH STREET		4.3 STREET ADDRESS	1624 NE 34 ST.	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall L. Thriewits (ELECTRONICALLY DELIVERED) 7/24/96 561-276-3979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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