FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Jan 21 1997 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: 07/30/1996

2. Principal Place of Business
21: PO BOX 9772
22: Suite, Apt. #, etc.
23: City & State: FT LAUDERDALE FL
24: Zip: 33310
25: Country: USA

2a. Mailing Address
26: PO BOX 9772
27: Suite, Apt. #, etc.
28: City & State: FT LAUDERDALE FL
29: Zip: 33310
30: Country: USA

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

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: RANDALL THREEWITS
82 Street Address (P.O. Box Number is Not Acceptable): 3108 PHOBBG LANE
83:
84 City: DELRAY BEACH FL 85 Zip Code: 33444

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: Randall Threewits · RANDALL THREEWITS – PRESIDENT 1/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	THREEWITS, RANDALL		1.2 NAME		
STREET ADDRESS	3108 PHOBE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	33444	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BARNES, MICHAEL		2.2 NAME		
STREET ADDRESS	2626 NE 11TH COURT #4		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	33304	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, MICHAEL		3.2 NAME		
STREET ADDRESS	1424 GRAND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	33312	
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	COLE, JOHN F.		4.2 NAME		
STREET ADDRESS	1624 NE 34TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL		4.4 CITY-ST-ZIP	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 (9/96)

14. I do 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: John F Cole · JOHN F COLE 1/13/97 (954) 568-5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036027