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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of Staje  DIVISION OF CORPORATIONS		<b>Mortham</b> of Staje 💪	Feb 18 1998 8:00am Secretary of State
DOCUMENT # N14977 (5)					
SOUTH FLORIDA CHORAL ARTS, INC.					
Principal Place of Business Mailing Address					ופטו אנונה וופור וופוע חופוס אנגום נועד וופני וופני וויבור פופור וופוו ויפו וופוי וופוי וופוי וופוי
P.O. BOX 9772 FT LAUDERDALE FL 33310 US  P.O. BOX 9772 FT LAUDERDALE FL 33310 US					3. Date Incorporated or Qualified  04/01/1986  4. FEI Number Applied For  59-2651755 Not Applicable
	lace of Business	<b>├</b> ─``	g Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt	#, etc	26 Suite,	Apt. #, etc.		Fee Required  6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State	9	City &	State		7. Is this nonprofit corporation a homeowners association?
Zip -	Country	Zip		Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Currer	29	3	0	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
THREEWITS, RANDALL 3108 PHOEBE LANE DELRAY BEACH FL 33444  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code					
11. Pursuant to the provisions of Sections 617.050? 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 Signative, spind or printed corner of registered agent and title if applicable (NOTE Registered Agent signature required)					equired when reinstating)  DATE
12,	OFFICERS AN	D DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THREEWITS, RANDALL 3108 PHOBE LANE DELRAY BEACH FL	D	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change
TITLE	VD ,		DELETE	2.1 TITLE	VICE PRESIDENT Change Addition
NAME	BARNES, MICHAEL	6.		2.2 NAME	ROBERT GARRETT VO
STREET ADDRESS	2626 NE 11TH COURT #4 FT LAUDERDALE FL	8		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	FT LANDSCOALE FL 33312
CITY-ST-ZIP TITLE	SD SD		DELETE	3.1 TITLE	SECRETARY Change Addition
NAME	MILLER, MICHAEL			3.2 NAME	MARK FIGLA
STREET ADDRESS	1424 GRAND AVENUE	i		3.3 STREET ADDRESS	22350 SW 51 CIRCLE 3 V
CITY-ST-ZIP TITLE	FT LAUDERDALE FL TD		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	BOCA PATON FL 33428
NAME	COLE, JOHN F.	^		4. 2 NAME	C Triange C Triange
STREET ADDRESS	1624 NE 34TH STREET	D		4.3 STREET ADDRESS	Ì
CITY-ST-ZIP	OAKLAND PARK FL			4.4 CITY-ST-ZIP	
TITLE			DELETE	5.1 TITLE	☐ Change ☐ AddItion
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	Ì
CITY-ST-ZIP				5.4 CITY-ST-ZIP	j
TITLE			DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	L.			6.2 NAME	ì
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				RACITY-ST-7IP	1

14. Thereby 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 eath; 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. JOHN F COLE

SIGNATURE:

BIGNATURE AND TYPED OR PLINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

1/6/98

**FILED** 

(954) 764-3750