FILED

02-22-1999 90102 026 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14977

t. Corporation Name				
SOUTH FLORIDA CHORAL ARTS, INC.				
Principal Place of Business Mailing Address				
P.O. BOX 9772 P.O. BOX 9772				
FT LAUDERDALE FL 33310 FT LAUDERDALE FL 33310		FT LAUDERDALE FL 33310		
US		US		
3 D::-ID	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed
<u> </u>	ace of business	26		04/01/1986
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number Applied For	
22	., -14-	27		59-2651755 Not Applicable
City & State	e	City & State	-	5. Certificate of Status Desired \$8.75 Additional
23		28		Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be
24	25	29 30	0	Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
			81 Name	GARRETT, ROBERT W
, , , , , , , , , , , , , , , , , , ,			82 Street	Address (P.O. Box Number is Not Acceptable)
3108 PHOEBE LANE				1601 SW 12 CT
DELRAY BEACH FL 33444			83	<u> </u>
ļ			84 City	FT CAUBERDALG FL 85 Zip Code 33312
14 0 Carting of Carting C47 0500 and 647 4500 Florido Statutos the above name			the should named	
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 accept the obligations of, Section 67,0503, Florida Statutes.				
agent. I am familiar of the accept the obligations of, Section 6/7/0503, Florida Statutes.				1-6-99
SIGNATURE	Signature typed or printed name of registered epent	ONOCY/	egistered Agent signature n	equired when reinstating) DATE
12.	OFFICERS AND	//	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P/O Addition
NAME	THREEWITS, RANDALL		1.2 NAME	CARRETT, ROBBET W
STREET ADDRESS	3108 PHOBE LANE		1.3 STREET ADDRESS	1601 sw 12 ct
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	FT LANDSCOALS FL 33312
TITLE	VPO	☐ DELETE	2.1 TITLE	VP/D Change □ Addition
NAME ,	GARRETT, ROBERT		2.2 NAME	SPANCEDE DENNIS
STREET ADDRESS	1601 S.W. 12 COURT		2.3 STREET ADDRESS	1812 NE 11 AVE # 03
CITY-ST-ZIP	FT LAUDERDALE FL 33312		2.4 CITY-ST-ZIP	FT LAURECDALE - FL 33305 -
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FIELD, MARK		3.2 NAME	
STREET ADDRESS	22350 S.W. 57 CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428		3.4. CITY-ST-ZIP	Thomas DAddition
TITLE	D	☐ DELETE	4.1 TITLE	T/D Change Addition
NAME	COLE, JOHN F.		4. 2 NAME	COLE, 20147 E
STREET ADDRESS	1624 NE 34TH STREET		4.3 STREET ADDRESS	2450 NE 15 AVE # 310
CITY-ST-ZIP	OAKLAND PARK FL	PRICT	4.4 CITY-ST-ZIP	FT CAUDE COACE FL 33305
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Change ☐ Addition
TITLE)	ر ا بالبليد الد		· · · · · · · · · · · · · · · · · · ·

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

(954) 567 - 3520