AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14977

1. Entity Name

SOUTH FLORIDA CHORAL ARTS, INC

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FILED
02 JUN -3 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
PO BOX 9772	PO BOX 9772
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33310 Country: US	Zip: 33310 Country: US

4. FEI Number: 59-2651755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: O'BYRN, MICHAEL J

Street Address (P.O. Box Number is Not Acceptable): 888 INTRACOASTAL DR 14 D

City: FT LAUDERDALE FL Zip Code: 33304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SPANGLER, DENNIS
STREET ADDRESS	520 NE 20 ST #313
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	VPD
NAME	WILKINSON, JAY
STREET ADDRESS	1652 POINSETTIA DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD
NAME	COLE, JOHN
STREET ADDRESS	1100 NE 18 ST # 3
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	SD
NAME	CAVALLARO, RICHARD
STREET ADDRESS	1756 N BAYSHORE DR # 14J
CITY-ST-ZIP	MIAMI, FL 33132
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John F Cole JOHN F COLE 5/28/02 (954) 763-5524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #