

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14977

FILED
Feb 09, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CHORAL ARTS, INC.

Current Principal Place of Business:

1480 SW 9 AVE
MUSIC SUITE
FT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9772
FT LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 59-2651755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILEY, TODD MR
3317 SW 15 CT
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPINOSA, WILLIAM MR
Address: 90 NOTTINGHAM PL
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: SD () Delete
Name: HOFFMAN, GARY MR
Address: 955 SW 117 WAY
City-St-Zip: DAVIE, FL 33325 US

Title: TD () Delete
Name: COLE, JOHN F MR
Address: 581 NE 35 ST APT 2
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: D () Delete
Name: BUSH, BRADLEY MR
Address: 2507 NW 51 ST
City-St-Zip: TAMARAC, FL 33309 US

Title: D () Delete
Name: LANGE, E DANIAL MR
Address: 511 NE 21 DR
City-St-Zip: WILTON MANORS, FL 33305 US

Title: D () Delete
Name: HERFORT, THOMAS MR
Address: 614 NE 8 AVE
City-St-Zip: FT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BROWN, JAMES MR
Address: 18051 BISCAYNE BLVD # 501
City-St-Zip: AVENTURA, FL 33160 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F COLE

TD

02/09/2009

Electronic Signature of Signing Officer or Director

Date