## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N39644 1. Entity Name 04-12-2004 90649 037 \*\*\*\*61.25 THE SINGING CLUB, INC. Principal Place of Business Mailing Address 3521 N.W. 8TH AVENUE POMPANO BEACH FL 33064 3521 N.W. 8TH AVENUE POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-0209077 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HURST, CARL Street Address (P.O. Box Number is Not Acceptable) 5244 NW 54 ST **COCONUT CREEK FL 33073** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TIT) F Change Addition HURST, CARL NAME NAME 3521 N.W. 8TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURST, BILLIE JO 3521 N.W. 8TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition DAVIES, CRISS NAME NAME 3521 N.W. 8TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete · ŤITLE ☐ Change Addition DIVITTO, ROSSENE NAME MAME 3521 N.W. 8TH AVENUE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIE CITY-ST-ZIP TITLE 🔲 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if

SIGNATURE:

**FILED**