

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended
FILED

04 JUN 17 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/21/04--01046--013 **70.00



06032004 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000004057			
1. Entity Name SOUTH BEACH GAY MEN'S CHORUS, INC.		Mailing Address P.O. BOX 190209 MIAMI BEACH, FL 33119-0209	
Principal Place of Business 20 ISLAND AVE. 1509 MIAMI BEACH, FL 33139 US		2. Principal Place of Business 6325 La Gorce Drive Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0932623	
City & State Miami Beach, FL		Applied For Not Applicable	
Zip 33141	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUB, ED 20 ISLAND AVE. #1509 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Edward G. Guedes Street Address (P.O. Box Number is Not Acceptable) 6325 La Gorce Drive City Miami Beach FL Zip Code 33141	
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		DATE 6/10/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANAAN, RALPH 720 15TH ST. #5 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kanaan, Ralph 720 15th St. #5, Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAUB, ED 20 ISLAND AVE. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Straub, Ed 20 Island Ave., Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, DOUGLAS 1215 LENOX AVE. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Donnell, Michael 540 Brickell Key Dr. #705, Miami, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTERMACHER, FREDRIC 6444 ALLISON RD MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Palenzuela, Alex 2665 S. Bayshore Dr. #420, Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEDES, EDWARD G 2665 S BAYSHORE DR., #420 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Guedes, Edward G. 2665 S. Bayshore Dr. #420, Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 6-10-04 Daytime Phone # 305-715-6730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	