

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90001 026 ****70.00

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| DOCUMENT # N99000004057 | | | | | |
| 1. Entity Name MIAMI GAY MEN'S CHORUS, INC. | | | | | |
| Principal Place of Business 6325 LA GORCE DRIVE MIAMI BEACH, FL 33141 US | | | Mailing Address POST OFFICE BOX 190209 MIAMI BEACH, FL 33119-0209 | | |
| 2. Principal Place of Business 1330 OCEAN DR Suite, Apt. #, etc. 2ND FLOOR | | 3. Mailing Address SAME Suite, Apt. #, etc. | | 50025325 | |
| City & State MIAMI BEACH, FL | | City & State | | 4. FEI Number 65-0932623 | |
| Zip 33139 | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUEDES, EDWARD G 6325 LA GORCE DRIVE MIAMI BEACH, FL 33141 | | | | 7. Name and Address of New Registered Agent Name: PATRICK J. CASEY JR Street Address (P.O. Box Number is Not Acceptable): 1330 OCEAN DR, 2ND FLOOR City: MIAMI BEACH FL Zip Code: 33139 | |
| 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: PATRICK CASEY JR - PRESIDENT x [Signature] 8-7-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | | | | | |
| TITLE | D HUDSON, JAY DR. 2125 BISCAYNE BLVD, #540 MIAMI, FL 33137 | <input checked="" type="checkbox"/> Delete | TITLE | PRESIDENT PATRICK J. CASEY JR 1330 Ocean Drive, 2nd Floor Miami Beach, FL 33139 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D WEINSTEIN, GARY 5660 COLLINS AVE., #11D MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Delete | NAME | VICE PRESIDENT PETER J. REINOSO 1120 SW. 11 ST. MIAMI, FL 33129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | D MACKAY, DOUGLAS 1215 LENOX AVE. MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Delete | STREET ADDRESS | TREASURER RICHARD BRENNAN 2009 N.E. 120 RD. MIAMI, FL 33181 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP | DS PALENZUELA, ALEXANDER L 2642 COLLINS AVE., # 508 MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Delete | CITY-ST-ZIP | D HOWARD STONE 79 NE 93 STREET MIAMI, FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PD GUEDES, EDWARD G 6325 LA GORCE DRIVE MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Delete | NAME | D JAMES WILETS 1160 N.E. 100 ST. MIAMI, FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | VPD DONNELL, MICHAEL 540 BRICKELL KEY DRIVE, 705 MIAMI, FL 33133 | <input type="checkbox"/> Delete | STREET ADDRESS | DIRECTOR "D" [Signature] | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] PATRICK CASEY 8-7-06 (305) 968-7557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |