

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

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90011 034 \*\*\*\*70.00

**DOCUMENT # N99000004721**

1. Entity Name

THE SOUTH FLORIDA BOYS CHOIR, INCORPORATED



Principal Place of Business

9941 WEST JAMAICA STREET  
SUITE 102  
MIAMI FL 33157

Mailing Address

17755 HOMESTEAD AVENUE  
SUITE 102  
MIAMI FL 33157

34062867



MOORE

CR2E037 (4/04)

2. Principal Place of Business

9966 Hibiscus Street

3. Mailing Address

9966 Hibiscus Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

31-1671632

Applied For

Not Applicable

Zip  
33175

Country

Dade

Zip  
33157

Country

Dade

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, KAY  
111 NW 1ST STREET STE 17-202  
MIAMI FL 33128

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME SULLIVAN, KAY ☐ Delete  
STREET ADDRESS 111 NW 1ST STREET 17-202  
CITY-ST-ZIP MIAMI FL 33128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME HOOD, CHARLES M III ☐ Delete  
STREET ADDRESS 401 NW 2ND AVENUE STE N-1007  
CITY-ST-ZIP MIAMI FL 33128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME TOOKES, RONALD ☐ Delete  
STREET ADDRESS 10153 CIRCLE PLAZA WEST  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME HANNA, EDWARD H JR  
STREET ADDRESS 17623 HOMESTEAD AVE  
CITY-ST-ZIP MIAMI FL 33157

TITLE Treasurer Director ☒ Change ☐ Addition  
NAME Londono, Robert M. Londono  
STREET ADDRESS 14095 S. Dixie Highway  
CITY-ST-ZIP Miami, Florida 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Kay Sullivan* (Kay Sullivan)

U July 7, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #