

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721894

**Entity Name:** MIAMI CHILDREN'S CHORUS, INC.**Current Principal Place of Business:**8604 SW 188TH TERRACE  
CUTLER BAY, FL 33157**Current Mailing Address:**PO BOX 831087  
MIAMI, FL 33283 US**FEI Number:** 23-7250811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDEZ, ANALY  
7604 SW 188TH TERRACE  
CUTLER BAY, FL 33157 US*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:** ANALY MENDEZ

02/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name LINDENFELD, MARTIN  
Address 5280 SW 80TH ST  
City-State-Zip: MIAMI FL 33143

Title EXECUTIVE DIRECTOR  
Name MENDEZ, ANALY  
Address 7604 SW 188TH TERRACE  
City-State-Zip: CUTLER BAY FL 33157

Title TREASURER  
Name BROOKES, ROBERT  
Address 2005 NW 18TH STREET  
APT 204  
City-State-Zip: DELRAY BEACH FL 33445

Title TRUSTEE  
Name LINDENFELD, HELENE  
Address 5280 SW 80 ST  
City-State-Zip: MIAMI FL 33143

Title CHAIRPERSON  
Name WOOLLEY-LARREA, STEPHANIE  
Address 13425 SW 104 TERRACE  
City-State-Zip: MIAMI FL 33186

Title VICE CHAIRPERSON  
Name COLLINS, ALEX  
Address 1310 SW 22ND TERRACE  
City-State-Zip: MIAMI FL 33145

Title TRUSTEE  
Name PERALTA, MARCOS  
Address 442 FERNWOOD ROAD  
City-State-Zip: MIAMI FL 33149

Title TRUSTEE  
Name DE JESUS, GLADYS  
Address 6604 SW 163 PL  
City-State-Zip: MIAMI FL 33193

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANALY MENDEZ**EXECUTIVE DIRECTOR**

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ARTISTIC DIRECTOR
Name	SALINAS, LIANA
Address	600 NE 27TH ST 1703
City-State-Zip:	MIAMI FL 33137