

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737183

**Entity Name:** GREATER MIAMI YOUTH SYMPHONY OF DADE COUNTY,  
FLORIDA, INC.**Current Principal Place of Business:**5275 SUNSET DRIVE  
MIAMI, FL 33143**Current Mailing Address:**5275 SUNSET DRIVE  
MIAMI, FL 33143 US**FEI Number: 59-1743582****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEARY, MATTHEW  
5275 SUNSET DR.  
SECOND FLOOR  
MIAMI, FL 33143 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: MATTHEW SHEARY****04/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARPENTER, LESLIE  
Address        29710 SW 184 COURT  
City-State-Zip: HOMESTEAD FL 33030

Title            VP  
Name            SCHUPPENER, MARK  
Address        6855 SW 152ST.  
City-State-Zip: MIAMI FL 33157

Title            TREASURER  
Name            ROBINSON, VICTO-RENE  
Address        13561 SW 110 AVE  
City-State-Zip: MIAMI FL 33176

Title            SECRETARY  
Name            SGANGA, ANGELICA  
Address        5831 SW 51ST  
City-State-Zip: MIAMI FL 33155

Title            OFFICER  
Name            BONELLI, TERRY  
Address        7700 SW 90TH AVENUE  
City-State-Zip: MIAMI FL 33173

Title            OFFICER  
Name            HAUSER, HELEN  
Address        201 ALHAMBRA CIRCLE,  
SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title            OFFICER  
Name            CHRUSZCZ, BOGDAN  
Address        6361 SW 16TH TERRACE  
City-State-Zip: MIAMI FL 33155

Title            OFFICER  
Name            YEDRA, VELIA DR.  
Address        6361 SW 16TH TERRACE  
City-State-Zip: MIAMI FL 33155

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*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: MATTHEW SHEARY****EXECUTIVE DIRECTOR****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name STRASSBURG, PAUL  
Address 7800 CAMINO REAL  
H409  
City-State-Zip: MIAMI FL 33143

Title CEO  
Name SHEARY, MATTHEW  
Address 100 NW 87 AVE APT, E 208  
City-State-Zip: MIAMI FL 33172

Title OFFICER  
Name KING, SCHERAZADE  
Address 1775 WASHINGTON AVENUE, UNIT 8E  
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER  
Name FRITH, LAKEISHA  
Address 7430 SW 59TH.CT. APT. A10  
City-State-Zip: MIAMI FL 33143