

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002152

**Entity Name:** SOUTH FLORIDA FRIENDS OF CLASSICAL MUSIC, INC

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE, SUITE 240  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE E., SUITE 240  
MIAMI LAKES, FL 33014 US

**FEI Number:** 27-5346907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VIDAL, ADOLFO  
11607 NW 48 LN  
DORAL, FL 33178 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN  
Name            VIDAL, ADOLFO  
Address        11607 NW 48 LN  
City-State-Zip: DORAL FL 33178

Title            EXECUTIVE SECRETARY  
Name            RAQUEL, CASTANEDA  
Address        4435 SW 160 AVE. #102  
City-State-Zip: MIRAMAR FL 33027

Title            VC  
Name            NEFODOVA, OLGA  
Address        19968 NE 5 CT 1-E  
City-State-Zip: COOPER CITY FL 33330

Title            ASST. SECRETARY  
Name            SAFONT, NOEL  
Address        3610 NW 211 ST  
City-State-Zip: MIAMI GARDENS FL 33056

Title            ADVISORY MEMBER  
Name            BUCCO, MARIA ASSUNTA  
Address        6625 MIAMI LAKES DRIVE, SUITE 240  
City-State-Zip: MIAMI LAKES FL 33014

Title            ADVISORY MEMBER  
Name            ROMERO, CELINA  
Address        6625 MIAMI LAKES DRIVE, SUITE 240  
City-State-Zip: MIAMI LAKES FL 33014

Title            ADVISORY MEMBER  
Name            BONACOSSA, FEDERICO  
Address        6625 MIAMI LAKES DRIVE, SUITE 240  
City-State-Zip: MIAMI LAKES FL 33014

*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:** ADOLFO VIDAL

**PRESIDENT**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date