

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002903

Entity Name: SOUTH FLORIDA MUSICIANS' ASSOCIATION, LOCAL 655, INC.

Current Principal Place of Business:

1915 NE 45TH ST SUITE 105
FORT LAUDERDALE, FL 33308

Current Mailing Address:

1915 NE 45TH ST SUITE 105
FORT LAUDERDALE, FL 33308 US

FEI Number: 59-0358930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESKIN, CHARLES
1915 NE 45TH ST SUITE 105
FORT LAUDERDALE, FL 33308 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: CHARLES RESKIN

01/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ST
Name APANA, JEFFREY
Address 1609 NE 17 ST
City-State-Zip: FORT LAUDERDALE FL 33305

Title D
Name FULLER, KAREN
Address 1915 NE 45TH ST SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33308

Title PRESIDENT
Name RESKIN, CHARLES
Address 404 SE 15 ST
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR
Name ARON, ELIZABETH
Address 1915 NE 45TH ST SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name KLEIMAN, CAREY
Address 5846 SOUTH FLAMINGO RD #354
City-State-Zip: COOPER CITY FL 33330

Title VP
Name VAN ECK, IRIS
Address 517 NE 13 AVE
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name BRAVO, RICHARD
Address PO BOX 127626
City-State-Zip: HIALEAH FL 33012-3188

Title DIRECTOR
Name COREY, MATT
Address 1915 NE 45TH ST SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33308

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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: JEFFREY APANA

SECRETARY-TREASURER 01/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOLSE, BOB
Address 1915 NE 45TH ST SUITE 105
City-State-Zip: FORT LAUDERDALE FL 33308