

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002903

**FILED**  
**Jan 08, 2020**  
**Secretary of State**  
**1532581508CC**

**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

01/08/2020

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

**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:** JEFFREY APANA

**SECRETARY-TREASURER** 01/08/2020

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