

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002903

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

FILED
Jan 03, 2014
Secretary of State
CC707228831

Current Principal Place of Business:

404 SE 15 ST
FORT LAUDERDALE, FL 33316

Current Mailing Address:

404 SE 15 ST
FORT LAUDERDALE, FL 33316

FEI Number: 59-0358930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLIPPARD, JANET
404 SE 15 ST
FORT LAUDERDALE, FL 33316 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 ST
Name APANA, JEFFREY
Address 1609 NE 17 ST
City-State-Zip: FORT LAUDERDALE FL 33305

Title P
Name CLIPPARD, JANET
Address PO BOX 4826
City-State-Zip: FORT LAUDERDALE FL 33338

Title D
Name CORCILLO, BARBARA
Address 18608 126 TERRACE N.
City-State-Zip: JUPITER FL 33478

Title D
Name KERLEY, ERIC
Address 3400 BANKS RD #203
City-State-Zip: MARGATE FL 33063

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

Title D
Name HOLSTEIN, PIERRE
Address 1607 NE 4TH PLACE
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR
Name BERMANN, JAMES
Address 8210 WHITEWOOD COVE EAST
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name KOLCZ, ED
Address 278 NW 43 WAY
City-State-Zip: DEERFIELD BEACH FL 33442

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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 01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STANLEY, BRIAN
Address 9745 MAJORCA PLACE
City-State-Zip: BOCA RATON FL 33434