FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:08

DOCUMENT # **707888** **(4)**

1. Corporation Name
SOUTH FLORIDA YOUTH SYMPHONY, INC.

Principal Place of Business	Mailing Address
12645 SW 114 AVE MIAMI FL 33176 US	12645 SW 114 AVE MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1964
3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-6212162 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAHNA, MARINELL
2611 NE 204 TERRACE
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	CLEIN, HELAINE	12 NAME	STARLA VAUGHNS-CHERIN	
STREET ADDRESS	1820 SW 85TH AVE.	13 STREET ADDRESS	301 NE 125 ST	
CITY-ST-ZIP	MIAMI, FL 33156	14 CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	T	21 TITLE	TD	☒ Change ☐ Addition
NAME	MARINELL, HAHNA	22 NAME	HAHNA, MARINELL	
STREET ADDRESS	2611 N.E. 204TH TERRACE	23 STREET ADDRESS	2611 NE 204 TERRACE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	HODGSON, MARGARET	32 NAME		
STREET ADDRESS	4920 SW 201 TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	PD	☒ Change ☐ Addition
NAME	ALLEN, BABCOCK	42 NAME	BABCOCK, ALLEN	
STREET ADDRESS	3200 NW 79TH ST H-839	43 STREET ADDRESS	3200 NW 79 ST H-839	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	51 TITLE	D	☒ Change ☐ Addition
NAME	HENCINSKI, MARCIA	52 NAME	HENCINSKI, MARCIA	
STREET ADDRESS	704 MINORCA AVE.	53 STREET ADDRESS	704 MINORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		61 TITLE	VD	☐ Change ☒ Addition
NAME		62 NAME	DAVID JOVE	
STREET ADDRESS		63 STREET ADDRESS	1271 - 98 STREET	
CITY-ST-ZIP		64 CITY-ST-ZIP	BAY HARBOR, FL 33154	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marinell Hahna MARINELL HAHNA 5-25-95 305-431-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008872