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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

707888

SOUTH FLORIDA YOUTH SYMPHONY, INC.

APPROVED AND FILED

98 JUL 22 PM 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SOUTH FLORIDA YOUTH SYMPHONY, INC.							
Principal Place of Business Mailing Address			A\/E				
12645 SW 114 AVE MIAMI FL 33176		12645 SW 114 AVE MIAMI FL 33176			3. Date 10672971964 or Qualified		
	US	US			4. FEI Number 12 162	Applied For Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address			1 0, Continuate of Status Desired LD 1	.75 Additional ee Required	
Suite, Apt.	Suite, Apt. #, etc.						
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip 24	Country 25	Zip Country 30		У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	<u> </u>	1301		10. Name and Address of New Registered Agent		
81 Name							
HAHNA, MARINELL			82	Cucat	DAVID JOVE, ESQ. Address (P.O. Box Number is Not Acceptable)		
2611 NE 204 TERRACE			82	Street	• • • • • • • • • • • • • • • • • • • •		
MIAMI FL 33180			83	i	1271-98 STREET		
	· ·		84			Zip 033454	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
	im familiar with, and accept the obligati DAVID JOVE, ESQ.	50s 01. Section 617.0503, Fig	orida Statute	·S.	7/18/98	-	
SIGNATURE .	Signature, typed or printed name of registered agent	and the if applicable / NOT	E. Doniclared Ac	and signature	required when reinstating) DATE		
12.	OFFICERS AND		13.	ен ырлаше	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12	
TITLE	VD	Z DELETE	1.1 TITLE		VD		
NAME	VAUGHNS-CHERIN, STARLA		1.2 NAME	i	CLARK, JENNIFER ASHLEY	_	
STREET ADDRESS	301 NE 125 ST		1.3 STREET ADDRESS		713 NE 71 ST		
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-	ST - ZIP	MIAMI FL		
TITLE	TD	₩ DELETE	2.1 TITLE		TD Z Cha	ange	
NAME	HAHNA, MARINELL		2 2 NAME	ſ	MARTIAN, JULIE	1	
STREET ADDRESS	2611 NE 204 TERRACE		2.3 STREE	T ADDRESS	3710 COLLINS AVE, N103		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP	MIAMLBEACH FL	ł	
TITLE	S DELETE		3.1 TITLE		S Cha	inge	
NAME	HODGSON, MARGARET		3.2 NAME	ļ	GARMENDIA, TERRIE		
STREET ADDRESS	4920 SW 201 TERRACE		3.3 STREET	T ADDRESS	1701 NE 115 ST #11A		
CITY-\$T-ZIP	FT LAUDERDALE FL		3.4. CITY-	ST-ZIP	NOR TH MIAM! FL	ĺ	
TITLE	PD	▼ DELETE	4.1 TITLE		PD DXI Cha	nge 🔲 Addition	
NAME	BABCOCK, ALLEN		4. 2 NAME	-	JOVE, DAVID		
STREET ADDRESS	3200 NW 79 ST H-839		4.3 STREET	ADDRESS	1271-98 STREET		
CITY-ST-ZIP	MIAMI FL	·····	4.4 CITY - S	IT - ZIP	BAY HARBOR ISLAND FL		
TIFLE	D	☐ DELETE	5.1 TITLE		D Cha	nge 🔲 Addition	
NAME	HENCINSKI, MARCIA		5.2 NAME		HENCINSKI, MARCIA		
STREET ADDRESS	704 MINORCA		5.3 STREET	ADDRESS	704 MINORCA		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY - S	T - ZIP	CORAL GABLES FL		
TITLE	VD	DELETE	6.1 TITLE		VD Chal	nge Addition	
NAME	JOVE, DAVID		6.2 NAME		VALERO, ORALENA \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2140	
STREET ADDRESS	1271-98 ST		6.3 STREET	ADDRESS	323 N. W. 136 PLACE		
CITY-ST-ZIP		All and the second seco	6.4 CITY-S	T-ZIP	MIAMI FL SI Bo d in Section 119.07(3)(i), Florida Statutes. I further certify that	my	
indicated.	entity triat the information supplied with	this tiling does not quality fo	r the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that	t the information	

hereby could had the mormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 eath; 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 attactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

David Jove

7/18/98

305-866-8999

Daytime Phone #

CR2E037 (10/97)