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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707888**

1. Corporation Name

SOUTH FLORIDA YOUTH SYMPHONY, INC.

* 94874 - 90068 - 32 *

Principal Place of Business	Mailing Address
12645 SW 114 AVE MIAMI FL 33176 US	P.O. BOX 40-2722 MIAMI BEACH FL 33140-2722

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/29/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6212162 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOVE, DAVID ESQ
1271-98 STREET
BAY HARBOR ISLAND FL 33154

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 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.

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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JENNIFER A		1.2 NAME		
STREET ADDRESS	713 NE 71 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARTIAN, JULIE		2.2 NAME	MARTIN, EMILY	
STREET ADDRESS	3710 COLLINS AVE, N103		2.3 STREET ADDRESS	20500 SW 198 St.	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33187	
TITLE	S	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GARMENDIA, TERRIE		3.2 NAME	MARINELL HAHNA	
STREET ADDRESS	1701 NE 115TH ST #11A		3.3 STREET ADDRESS	2611 NE 204 TERR	
CITY-ST-ZIP	NORTH MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOVE, DAVID		4. 2 NAME		
STREET ADDRESS	1271-98 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENCINSKI, MARCIA		5.2 NAME		
STREET ADDRESS	704 MINORCA		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE	SD. VASHTI H LAING	☒ Change ☐ Addition
NAME	VELERO, ORALENA		6.2 NAME		
STREET ADDRESS	323 N.W. 136 PLACE		6.3 STREET ADDRESS	6441 NW 199 LANE	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL. 33015	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: DAVID JOVE **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #