

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90062 024 ****61.25

0031122

DOCUMENT # 721894

1. Corporation Name

MIAMI CHORAL SOCIETY, INC.

Principal Place of Business

1533 SUNSET DR
STE 215
CORAL GABLES FL 33143
US

Mailing Address

1533 SUNSET DR
STE 215
CORAL GABLES FL 33143
US

102066-90062-024 6 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/15/1971

4. FEI Number

23-7250811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TIMOTHY A SHARP
11435 SW 109TH RD #46A
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

Lucrecia Loumiet

82 Street Address (P.O. Box Number is Not Acceptable)

1033 Anastasia Avenue

83

Coral Gables, FL 33134

84

City Coral Gables

FL

85 Zip Code

33134

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

Lucrecia Loumiet
Signature, typed or printed name of registered agent, and title, if applicable.

Executive Director

01/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **BROOKES, ROBERT**
STREET ADDRESS **95 W MCINTYRE ST**
CITY-ST-ZIP **KEY BICAYNE FL**

TITLE **SD** ☐ DELETE
NAME **FISHER, DEBORAH**
STREET ADDRESS **13040 SW 70 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VDT** ☐ DELETE
NAME **LOUMIET, JUAN P.**
STREET ADDRESS **1221 BRICKELL**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **M. CRISTINA DE LA VEGA**
STREET ADDRESS **44 W FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D** ☐ DELETE
NAME **BERGMAN, MARY**
STREET ADDRESS **8577 SW 12 ST**
CITY-ST-ZIP **KMIAMI FL**

TITLE **D** ☐ DELETE
NAME **SHARP, TIMOTHY**
STREET ADDRESS **11435 SW 109TH RD #46A**
CITY-ST-ZIP **MIAMI FL 33176**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition
Key Biscayne 33149

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition
33156

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition
33131

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition
Bergman, Mary
8577 SW 112 St
Miami, FL 33156

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Robert Brookes

01/11/99

305-662-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)