

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 002 \*\*\*\*70.00

**DOCUMENT # 721894**

1. Entity Name

MIAMI CHILDREN'S CHORUS, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7250811

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHARP, TIMOTHY A  
11435 SW 109 RD, UNIT A  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name  
**Sharp, Timothy A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7810 SW 99th St.**

City  
**Miami**

**FL**

Zip Code  
**33156**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	BROOKES, ROBERT	
STREET ADDRESS	701 BRICKELL AVE STE 1250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARP, TIMOTHY A	
STREET ADDRESS	11435 SW 109 RD, UNIT A	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOUMIET, JUAN P	
STREET ADDRESS	1221 BRICKELL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	M. CRISTINA DE LA VEGA	
STREET ADDRESS	44 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATELIE, NORA	
STREET ADDRESS	5915 PONCE DE LEON BLVD	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STICKNEY, TIMOTHY P	
STREET ADDRESS	104 CRANDON BLVD STE 309	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brookes, Robert	
STREET ADDRESS	8200 NW 33rd Street, Ste. 400	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharp, Timothy A.	
STREET ADDRESS	7810 SW 99th St.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matelis, Nora	
STREET ADDRESS	151 Sunrise Avenue	
CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stickney, Timothy P.	
STREET ADDRESS	260 Crandon Blvd. Ste 14	
CITY-ST-ZIP	Key Biscayne, FL 33149	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Timothy A. Sharp* **Timothy A. Sharp**

**April 5, 2005**

**305-662-7494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



MIAMI CHILDREN'S CHORUS

ATTACHMENT

1533 Sunset Drive, Suite 215  
Coral Gables, FL 33143  
E-mail: miamichor@aol.com  
Ph: (305) 662-7494  
Fax: (305) 662-7495

20031349  
# 721894

Miami Children's Chorus  
2004-2005 Board of Trustees

Addendum to 2005 Not-For-Profit Corporation Annual Report (AR)

Additional Board Members Not Listed

Susan Krupnick-Gregorie  
P.O.-Box-490204  
Key Biscayne, FL 33149

Betsy Murphy  
4409 Santa Maria Street  
Coral Gables, FL 33146

Former Board Members To Be Deleted

Dr. Jo-Michael Scheibe  
Professor of Music  
Director of Choral Studies  
University of Miami  
P.O. Box 248165  
Coral Gables, FL 33124-7510