

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 754090 (9)**

1. Corporation Name  
**THE MIAMI ORATORIO SOCIETY, INC.**



Principal Place of Business: 3550 N.W. 42ND STREET LAUDERDALE LAKES FL 33309-4137  
Mailing Address: 3550 N.W. 42ND STREET LAUDERDALE LAKES FL 33309-4137

3. Date Incorporated or Qualified: **09/08/1980**  
3a. Date of Last Report: **10/11/1995**  
4. FEI Number: **59-2514720**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29  
Country: 30

9. Name and Address of Current Registered Agent  
**CHRISTIAN, GLORIA  
3550 NW 42ND ST  
LAUDERDALE LAKES FL 33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> DELETE
NAME	CLENCY, CHARLES	
STREET ADDRESS	1925 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	P - D	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, GLORIA	
STREET ADDRESS	3550 N.W. 42ND STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309-4137	
TITLE	T - D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, MAVIS	
STREET ADDRESS	7917 DILIDO BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUIR, SHIRLEY	
STREET ADDRESS	9540 ASHLEY DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	PAR - D	<input type="checkbox"/> DELETE
NAME	TYNES, JAMES	
STREET ADDRESS	2321 N.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL 33051	
TITLE	VP - D	<input type="checkbox"/> DELETE
NAME	GREAVES, ERIC	
STREET ADDRESS	271 SW 99 TERR.	
CITY-ST-ZIP	MIRAMAR FL 33025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*61.25  
4.29 96  
02

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)(k), 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: *Gloria Christian* Gloria Christian. 04-06-96 (954) 486-9164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)