

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 09/06/1980		
4. FEI Number 59-2514720	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	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 _____ (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	PD	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, GLORIA	
STREET ADDRESS	3550 N.W. 42ND STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309-4137	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEPHENSON, MAVIS	
STREET ADDRESS	7917 DILIDO BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EMGE, JEANA	
STREET ADDRESS	1015 S 17TH AVE STE 1	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PARD	<input type="checkbox"/> DELETE
NAME	VAN-PUTTEN, PAUL	
STREET ADDRESS	2505 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WINSOME, MILLER	
STREET ADDRESS	9850 SW 8TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Jacquelyn Gibson</i>
4.3 STREET ADDRESS	<i>1915 N.W. 19th Ave.</i>
4.4 CITY-ST-ZIP	<i>Miami, Fla. 33056</i>
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	

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.

SIGNATURE: *Gloria Christian* **GLORIA CHRISTIAN** *03-24-98 (954-486-9163)*

CR2E037 (10/97)