

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 02, 1999 8:00 am**  
**Secretary of State**

0036977

06-02-1999 90004 010 \*\*\*\*61.25  
 06-02-1999 90004 011 \*\*\*\*\*8.75  
 06-02-1999 90004 012 \*\*\*\*\*5.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754090**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/08/1980	4. FEI Number 59-2514720 Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 *Gloria Christian* **GLORIA CHRISTIAN** DATE 04-20-99  
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 AD	NAME CLENCY, CHARLES STREET ADDRESS 1925 BRICKELL AVE. CITY-ST-ZIP MIAMI FL 33129	<input checked="" type="checkbox"/> DELETE	1.1 TITLE A.D. Julian Stein 1.2 NAME 1.3 STREET ADDRESS 7840 S.W. 86 St. 1.4 CITY-ST-ZIP Miami Fla. 33143
TITLE PD	NAME CHRISTIAN, GLORIA STREET ADDRESS 3550 N.W. 42ND STREET CITY-ST-ZIP LAUDERDALE LAKES FL 33309-4137	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE TD	NAME STEPHENSON, MAVIS STREET ADDRESS 7917 DILIDO BLVD. CITY-ST-ZIP MIRAMAR FL 33023	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE S	NAME GIBSON, JACQUELYN STREET ADDRESS 18115 NW 19TH AVE CITY-ST-ZIP MIAMI FL 33056	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE PARD	NAME VAN-PUTTEN, PAUL STREET ADDRESS 2505 DAVIE BLVD CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE VPD	NAME WINSOME, MILLER STREET ADDRESS 9850 SW 8TH ST CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	6.1 TITLE 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, with all other like empowered.

SIGNATURE: *Gloria Christian* **GLORIA CHRISTIAN** DATE 04-20-99 DAYTIME PHONE # (954) 486-9164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)