## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PEMBROKE PINES FL

changed, or on an attachment with

SIGNATURE:

CITY-ST-7IF

## Mar 15, 2004 8:00 am DOCUMENT # 754090 **Secretary of State** 1. Entity Name 03-15-2004 90033 005 \*\*\*\*70.00 THE MIAMI ORATORIO SOCIETY, INC. Mailing Address Principal Place of Business 3550 N.W. 42ND STREET LAUDERDALE LAKES FL 33309-4137 3550 N.W. 42ND STREET LAUDERDALE LAKES FL 33309-4137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-2514720 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHRISTIAN, GLORIA Street Address (P.O. Box Number is Not Acceptable) 3550 NW 42ND ST LAUDERDALE LAKES FL 33309 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Change ☐ Addition TITLE Delete GRECO, EUGENE NAME KEATING, NAME 6606 SOUTHWEST 63RD TERR 2841 NE 14th Ave STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP PD Delete TITLE THE CHRISTIAN, GLORIA NAME NAME 3550 N.W. 42ND STREET STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33309-4137 CITY-ST-ZIP CITY-ST-ZIP TITLE " Delete ☐ Change ☐ Addition STEPHENSON, MAVIS NAME -NAME . 7917 DILIDO BLVD. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE GORDON-MCDERMOTT, HAZEL NAME NAME 4446 NORTHWEST 42ND TERR STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP PARTI ☐ Delete ☐ Change ☐ Addition T(T) F VAN-PUTTEN, PAUL 2505 DAVIE BLVD 5256 NW 94th NAME NAME STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL SUTTISE CITY-ST-ZIP CITY-ST-ZIP 33361 Miller, Sheila 17621 N.W.14" Ave VPO ☐ Change X Addition ☐ Delete TITLE WINSOME, MILLER NAME NAME 9850 SW 8TH ST STREET ADDRESS STREET ADDRESS

CITY - ST - ZIP

Gloria Christian 03-10-04

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

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

wi

FILED