

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754090**  
 1. Entity 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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04102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2514720	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIAN, GLORIA  
 3550 NW 42ND ST  
 LAUDERDALE LAKES, FL 33309

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD KEATING, GARY 2841 NE 14TH AVE. WILTON, MA 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN, GLORIA 3550 N.W. 42ND STREET LAUDERDALE LAKES, FL 333094137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENSON, MAVIS 7917 DILIDO BLVD. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON-MCDERMOTT, HAZEL 4446 NORTHWEST 42ND TERR COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARD VAN-PUTTEN, PAUL 5256 NW 94TH TERR SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINSOME, MILLER 9850 SW 8TH ST PEMBROKE PINES, FL

U00000305222  
 04/14/05-80074-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Gloria Christian **04-11-05 (954) 486-9164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #