
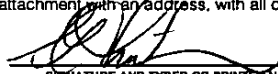


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90463 044 ****70.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTIAN, GLORIA 3550 NW 42ND ST LAUDERDALE LAKES, FL 33309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AD	<input checked="" type="checkbox"/> Delete	TITLE	Andrew Anderson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, GARY		NAME	13325 S.W. 52nd St.	
STREET ADDRESS	2841 NE 14TH AVE.		STREET ADDRESS	Miramar, FL 33027	
CITY-ST-ZIP	WILTON, MA 33334		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, GLORIA		NAME		
STREET ADDRESS	3550 N.W. 42ND STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 333094137		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MAVIS		NAME		
STREET ADDRESS	7917 DILIDO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON-MCDERMOTT, HAZEL		NAME		
STREET ADDRESS	4446 NORTHWEST 42ND TERR		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	PAR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN-PUTTEN, PAUL		NAME		
STREET ADDRESS	5256 NW 94TH TERR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSOME, MILLER		NAME		
STREET ADDRESS	9850 SW 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		04-14-06 (954) 486-9164	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	