


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90247 019 \*\*\*\*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**

4000000-



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2514720</b>	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)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Filing Fee Is \$61.25  
 Due by May 1, 2007**

10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. ANDERSON, ANDREW 13313 S.W. 52nd St. Miramar 33004 FL.

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 **Gloria Christian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-06-07 **04-06-07**  
Date

Daytime Phone #: (954) 486-9164  
Daytime Phone #