

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 024 \*\*\*\*70.00



**DOCUMENT # 754090**  
 1. Entity Name  
**THE MIAMI ORATORIO SOCIETY, INC.**

Principal Place of Business      Mailing Address  
**3550 N.W. 42ND STREET**      **3550 N.W. 42ND STREET**  
**LAUDERDALE LAKES, FL 33309-4137**      **LAUDERDALE LAKES, FL 33309-4137**



04082008 No Chg-NP      CR2E037 (4/06)

4. FEI Number       Applied For  
**59-2514720**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

*DO NOT WRITE IN THIS SPACE*

**6. Name and Address of Current Registered Agent**  
**CHRISTIAN, GLORIA**  
**3550 NW 42ND ST**  
**LAUDERDALE LAKES, FL 33309**

*DO NOT WRITE IN THIS SPACE*

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**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 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ANDREW 13313 SW 52NS ST MIRAMAR, FL 33027

*DO NOT WRITE IN THIS SPACE*

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 President. 04-14-08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

2008 Not For Profit Corporation Annual Report.

Please add to this report; **ATTACHMENT**  
40089103  
# 754090

Eric H. Greaves Asst. Treasurer/D.  
271 SW 99 Terrace  
Pembroke Pines. FL 33025

Sheila Miller: Vice President/D.  
17621 N.W 14<sup>th</sup> Ave.  
Miami FL. 33169.