

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004093

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** MIAMI COUNTRY DAY SCHOOL PERFORMING ARTS BOOSTERS, INCORPORATED

**Current Principal Place of Business:**

601 NE 107TH ST  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380608  
MIAMI, FL 33238

**New Mailing Address:**

**FEI Number:** 26-0003835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUANICO, MARK T ESQ  
9545 NE 2ND AVE  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAFMEISTER, VINCE  
Address: 601 NE 107TH ST  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: ALFONSO, TERRY  
Address: 601 NE 107TH ST  
City-St-Zip: MIAMIA, FL 33161

Title: D ( ) Delete  
Name: WICKER, JOHN  
Address: 601 NE 107TH ST  
City-St-Zip: MIAMIA, FL 33161

Title: D ( ) Delete  
Name: LEWIS, SANDI  
Address: 601 NE 107TH ST  
City-St-Zip: MIAMIA, FL 33161

Title: D ( ) Delete  
Name: MUHLIG, JENNIFER  
Address: 601 NE 107TH ST  
City-St-Zip: MIAMIA, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK T. JUANICO

D

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date