

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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003777

1. Entity Name

THE ALLIANCE FOR CULTURAL COMPOSERS, INC.



Principal Place of Business

7588 STOCKTON TERRACE
BOCA RATON, FL 33433

Mailing Address

7588 STOCKTON TERRACE
BOCA RATON, FL 33433



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4246821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOCH, REUBEN M
7588 STOCKTON TERRACE
BOCA RATON, FL 33433

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PTD
NAME	HOCH, REUBEN M
STREET ADDRESS	7588 STOCKTON TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VD
NAME	GOLDBERG, SHARON
STREET ADDRESS	7098 NW 111TH TERRACE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	SD
NAME	HOCH, NORI L
STREET ADDRESS	7588 STOCKTON TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	MACDONNELL, JUSTIN
STREET ADDRESS	1717 N BAYSHORE DRIVE # 4042
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	ZELLON, RICHIE
STREET ADDRESS	PO BOX 546782
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	D
NAME	LIPPINCOTT, TOM
STREET ADDRESS	1861 N FEDERAL HWY # 168
CITY-ST-ZIP	HOLLYWOOD, FL 33020

000000930617
05/21/08-80117-005 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #