## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010761

FILED Apr 04, 2007 Secretary of State

Entity Name: FRIENDS OF THE YOUNG MUSICIANS' CAMP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

12241 S.W. 103 AVENUE MIAMI, FL 33176

**Current Mailing Address: New Mailing Address:** 

12241 S.W. 103 AVENUE MIAMI, FL 33176

FEI Number: 20-2183174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DEARR, CRAIG R TWO DATRAN CENTER, SUITE 1609 9130 S. DADELAND BLVD.

TWO DATRAN CENTER, SUITE 1609 9130 S. DADELAND BLVD. MIAMI, FL 33156 US MIAMI, FL 33156 US

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.

DEARR, CRAIG R SIMON S

SIGNATURE: CRAIG R DEARR 04/04/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SAMPER, MARIE-HELENE MS. SAMPER, MARIE-HELENE S MS. Name: Name:

8830 SW 159 ST Address: 8830 SW 159 ST Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

Title: Title: () Delete () Change () Addition

Name: SALZ, NORMA Name: Address: 11764 S.W. 108 LANE Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

Title: () Delete Title: () Change () Addition

GOLDHAGEN, ALICE Name: Name: 6395 MAYNADA STREET Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: SALZ, SARAH N MS Address: Address: 12241 SW 103 AVE City-St-Zip: City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SARAH SALZ D 04/04/2007