


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90121 011 ****70.00

DOCUMENT # N05000011166					
1. Entity Name THE SOUTH FLORIDA SYMPHONIC POPS ORCHESTRA INC.					
Principal Place of Business 633 BRIARWOOD CIRCLE HOLLYWOOD, FL 33024			Mailing Address 633 BRIARWOOD CIRCLE HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03172006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent WEINSTEIN, ALVIN ESQ 19 W FLAGLER ST SUITE 1400 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name: <u>CATHERINE FERRA</u> Street Address (P.O. Box Number is Not Acceptable) <u>3815 NW 67 ST</u> City: <u>Coconut Creek</u> FL Zip Code: <u>33073</u>	
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: <u>Catherine Ferra</u> DATE: <u>March 17, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	President		
STREET ADDRESS		STREET ADDRESS	Beverly Daw		
CITY-ST-ZIP		CITY-ST-ZIP	4451 NW 19th Terrace		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Vice President		
STREET ADDRESS		STREET ADDRESS	Lillian Konigsberg		
CITY-ST-ZIP		CITY-ST-ZIP	851 Three Islands Boulevard #245 Apt 18		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Secretary		
STREET ADDRESS		STREET ADDRESS	Judith Goldstein		
CITY-ST-ZIP		CITY-ST-ZIP	3815 NW 67th Street		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Treasurer		
STREET ADDRESS		STREET ADDRESS	Catherine Ferra		
CITY-ST-ZIP		CITY-ST-ZIP	3815 NW 67th Street		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Beverly F. Daw, President</u>		Date: <u>3-17-06</u>		Daytime Phone #: <u>954-771-6271</u>	