

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002086

FILED
Sep 01, 2009
Secretary of State

Entity Name: SOUTH DADE COMMUNITY CHOIR, INC.

Current Principal Place of Business:

16552 SW 297TH TERRACE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

16552 SW 297TH TERRACE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-2656620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEFFER, SANDRA K
16552 SW 297TH TERRACE
HOMESTEAD, FL 33033 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: DP () Delete
Name: SHIFFER, JOEL ANN
Address: 24775 SE SE 4TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: DS () Delete
Name: WARNER, ROBERTA
Address: 1681 NW 13 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: DV () Delete
Name: FUREY, JENNIFER
Address: 445 SE 24TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: DT () Delete
Name: FELIZ, JOCELYN A
Address: 30411 SW 156 AVE
City-St-Zip: LEISURE CITY, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: JONES, PHOEBE
Address: 3135 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

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

Title: DT (X) Change () Addition
Name: BEGON, GERARD
Address: 32201 SW 204 COURT
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: JOELANN SHIFFER

DP

09/01/2009

Electronic Signature of Signing Officer or Director

Date