

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

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1. Corporation Name

GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCO
RPORATED

Principal Place of Business

3639 PASSEO NAVARRA
313 CRANESREST WAY
WEST PALM BEACH FL 33401

Mailing Address

P.O. Box 6845
313 CRANESREST WAY
WEST PALM BEACH FL 33405-6845



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/12/1986

4. FEI Number

59-2670372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FINLEY, CHANDLER
1645 PALM BEACH LAKES #300
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRYAN, JOHN
STREET ADDRESS 313 CRANESREST WAY 3639 PASSEO NAVARRA
CITY-ST-ZIP W PALM BCH FL

TITLE TD ☐ DELETE

NAME ARCENTALES, EDUARDO
STREET ADDRESS 209 AVILA RD
CITY-ST-ZIP WEST PALM BCH FL

TITLE SD ☐ DELETE

NAME DANIELS, ALVA G
STREET ADDRESS 44 COCOANUT ROW
CITY-ST-ZIP PALM BCH FL

TITLE D ☐ DELETE

NAME NICHOLS, MARION
STREET ADDRESS 4090 GEM LAKE DRIVE
CITY-ST-ZIP GLEN RIDGE FL 33406-3254

TITLE SD ☐ DELETE

NAME TRAVIS, MERCEDES
STREET ADDRESS 219 CHILEAN AVE #B
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE

NAME ISAACSON, MARSHALL OWEN
STREET ADDRESS 20755 EAGLE CREEK COURT
CITY-ST-ZIP BOCA RATON FL 33498

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (11/98)