

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15971 (7)

1. Corporation Name

CORAL SPRINGS POPS SYMPHONY GUILD, INC.

Principal Place of Business

Mailing Address

5395 PINE CIRCLE
CORAL SPRINGS FL 33067
US

P.O. BOX 8712
CORAL SPRINGS FL 33075
US



3. Date Incorporated or Qualified
07/21/1986

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-2709332

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIEMARK, CORT A
800 CORPORATE DRIVE, SUITE 420
SUITE 206
FT. LAUDERDALE FL 33334

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

Cort A Niemark
Signature, typed or printed name of registered agent and title of office

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BARRIS, WILLIAM
STREET ADDRESS 5395 PINE CIRCLE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VD ☐ DELETE

NAME MILDRED, JACOBS
STREET ADDRESS 7370 NW 18 STREET
CITY-ST-ZIP MARGATE FL

TITLE VD ☐ DELETE

NAME GINSBERG, HAROLD
STREET ADDRESS 8007 N.W. 108TH AVE.
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD ☐ DELETE

NAME GREENSTEIN, FELICE
STREET ADDRESS 4110 NW 88 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SD ☐ DELETE

NAME CHASE, MURIEL
STREET ADDRESS 94-05 N.W. 81ST CT.
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ DELETE

NAME BARRIS, AUDREY
STREET ADDRESS 5395 PINE CIRCLE
CITY-ST-ZIP CORAL SPRINGS FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

William K. Barris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)