

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90170 026 \*\*\*\*70.00

**DOCUMENT # N27603**

1. Entity Name  
**ALL FLORIDA YOUTH ORCHESTRA, INCORPORATED**



Principal Place of Business  
**1708 NO. 40 AVE.  
HOLLYWOOD FL 33021**

Mailing Address  
**1708 NO. 40 AVE.  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0063799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIXON, MYRNA  
10307 NW 70 ST  
TAMARAC FL 33321**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **TD** ☐ Delete  
NAME **DIXON, MYRNA**  
STREET ADDRESS **10307 NW 70TH ST**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Change ☒ Addition  
NAME **Morrison, Samuel**  
STREET ADDRESS **African American Research Library**  
CITY-ST-ZIP **1317 NE 2nd St  
Fort Lauderdale, FL 33301-1739**

TITLE **D** ☐ Delete  
NAME **JACOBS, RONALD E**  
STREET ADDRESS **1700 NW 93RD STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mc Aloon, Mary Lynn**  
STREET ADDRESS **6195 NW 63rd Way**  
CITY-ST-ZIP **Parkland, FL 33067**

TITLE **D** ☒ Delete  
NAME **~~BENNETT, FRENE~~**  
STREET ADDRESS **~~3700 NE 80 AVENUE~~**  
CITY-ST-ZIP **~~POMPANO BEACH FL 33064~~**

TITLE **D** ☐ Change ☒ Addition  
NAME **Janosik, Dawn**  
STREET ADDRESS **703 SW 74th Avenue**  
CITY-ST-ZIP **North Lauderdale FL 33068**

TITLE **PC** ☐ Delete  
NAME **WEAVER, BOB**  
STREET ADDRESS **1708 N. 40 AVE.**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **~~Baer~~ Baer, Eav**  
STREET ADDRESS **311 San Marco Drive**  
CITY-ST-ZIP **Ft. Laud. FL 33301**

TITLE **SDV** ☐ Delete  
NAME **WEAVER, MYRA**  
STREET ADDRESS **1708 N. 40 AVE.**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SO** ☐ Delete  
NAME **FRANK, ALBERT**  
STREET ADDRESS **7870 NW 54TH ST**  
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 *Myrna Dixon* **Myrna Dixon Treasurer** 1/27/03 954-720-7180

CR2E037 (10/02)