

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
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 018 ****70.00

DOCUMENT #

1. Corporation Name

N36270

St, Augustine Brigade of Musick, Inc

Principal Place of Business

Mailing Address



* 5 9 0 8 6 2 - 9 0 0 0 3 - 1 8 2 *

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

22

27

59-298640

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23

28

St. Augustine FL 32095

non-profit

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24

25

29

32095

30

usa USA

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rachel Smolek
4 East Park Ave.
St. Augustine FL 32095

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President/Treasurer	<input type="checkbox"/> DELETE
NAME	Carl E. Rang	
STREET ADDRESS	413 Christopher Ave T-3	
CITY-ST-ZIP	Gaithersburg MD 20879	
TITLE	Vice President/Sec't	<input type="checkbox"/> DELETE
NAME	Patricia A. Rang	
STREET ADDRESS	413 Christopher Ave. T-3	
CITY-ST-ZIP	Gaithersburg MD 20879	
TITLE	Vice President/Director/production	<input type="checkbox"/> DELETE
NAME	Vice President/Director/Media	
STREET ADDRESS	Rodolfo Diaz Please Omit	
CITY-ST-ZIP		
TITLE	Vice President/Director/Media	<input type="checkbox"/> DELETE
NAME	Rodolfo Diaz	
STREET ADDRESS	253 Venetian Blvd	
CITY-ST-ZIP	St. Augustine FL 32095	
TITLE	Vice President/Director/communication	<input type="checkbox"/> DELETE
NAME	Rachel Smolek	
STREET ADDRESS	4 East Park Ave.	
CITY-ST-ZIP	St. Augustine FL 32095	
TITLE	Vice President/Director/Production	<input type="checkbox"/> DELETE
NAME	Sandra Rodrigues	
STREET ADDRESS		
CITY-ST-ZIP	254 Venetian Blvd	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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

Carl E. Rang

28 May 99

301-947-0857

CR2E037 (11/98)