

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 020 ****75.00

DOCUMENT # N37514

1. Corporation Name

THE INTERNATIONAL INSTITUTE OF VOCAL ARTS, INC.

Principal Place of Business

Mailing Address

365 WEST END AVE.
#90
NEW YORK NY 10024
US

365 WEST END AVENUE
#90
NEW YORK NY 10024
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

59-3014602

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

GUAGLIARDO, RICHARD
1920 W CLUSTER
TAMPA FL 33604

10. Name and Address of New Registered Agent

81

Name

Same

82

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

4305 W. Cleveland St

83

84

City

Tampa

FL

85

Zip Code

33609

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 P ☐ DELETE

NAME ALEXANDER, ELLEN
STREET ADDRESS 365 W END AVE, APT 9D
CITY-ST-ZIP NEW-YORK-NY

TITLE V ☐ DELETE

NAME DUNN, MIGNON
STREET ADDRESS 365 W END AVE, APT 11F
CITY-ST-ZIP NEW YORK NY

TITLE S ☒ DELETE

NAME MONROE, ANNETTA
STREET ADDRESS 5232 MAPLE HILL DR
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE T ☐ DELETE

NAME REYNOLDS, JERALD
STREET ADDRESS 11723 PRIMROSE LN
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ DELETE

NAME GENTILESCA, FRANCO
STREET ADDRESS 2109 BROADWAY #1410
CITY-ST-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME BEST, RICHARD
STREET ADDRESS 701 W ELM STR
CITY-ST-ZIP CARBONDALE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME William Woodruff
1.3 STREET ADDRESS 365 West End Ave 9D
1.4 CITY-ST-ZIP NY, NY 10024

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Secretary-Treasury ☒ Change ☒ Addition

3.2 NAME Jane Steele
3.3 STREET ADDRESS 240 W. 75th St #8A
3.4 CITY-ST-ZIP NY, NY 10023

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 Director ☒ Change ☒ Addition

6.2 NAME William Sussman
6.3 STREET ADDRESS 240 W. 75th St #8A
6.4 CITY-ST-ZIP NY, NY 10023

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:

William Woodruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1999 212-874-8112
Date Daytime Phone #

CR2E037 (11/98)