


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90100 012 ****70.00

DOCUMENT # N38694 1. Entity Name  THE CULTURAL COUNCIL, INC.																																																																																			
Principal Place of Business 7740 S.W. 142ND STREET MIAMI FL 33158-1515 US		Mailing Address 7740 S.W. 142ND STREET MIAMI FL 33158-1515 US																																																																																	
New Addr: 7745 SW 142 St, Palmetto Bay 33158-1514																																																																																			
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 65-0200541 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																			
6. Name and Address of Current Registered Agent BUCHMANN, YOLLY 7745 S.W. 142ND STREET MIAMI FL 33158		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																	
Make Check Payable to Florida Department of State																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUCHMANN, YOLLY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7745 SW 142ND ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33158-1515</td> </tr> <tr> <td>TITLE</td> <td>DVPT <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JARVIS, LYNN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9116 SW 159TH TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO FL 33157</td> </tr> <tr> <td>TITLE</td> <td>DS <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEIDHART, LOIS</td> </tr> <tr> <td>STREET ADDRESS</td> <td>15800 SW 79TH AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO FL 33157</td> </tr> <tr> <td>TITLE</td> <td>DVP <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NOE, BETTY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6844 SW 145 TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO FL 33157</td> </tr> <tr> <td>TITLE</td> <td>DVP <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MULHOLLAND, ISABEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>14621 SW 65 AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33158-1821</td> </tr> <tr> <td>TITLE</td> <td>DS <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DESMOND, CYNTHIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16900 SW 87 AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALMETTO FL 33157-4673</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>				TITLE	DP <input type="checkbox"/> Delete	NAME	BUCHMANN, YOLLY	STREET ADDRESS	7745 SW 142ND ST.	CITY-ST-ZIP	MIAMI FL 33158-1515	TITLE	DVPT <input type="checkbox"/> Delete	NAME	JARVIS, LYNN	STREET ADDRESS	9116 SW 159TH TERRACE	CITY-ST-ZIP	PALMETTO FL 33157	TITLE	DS <input type="checkbox"/> Delete	NAME	NEIDHART, LOIS	STREET ADDRESS	15800 SW 79TH AVE	CITY-ST-ZIP	PALMETTO FL 33157	TITLE	DVP <input checked="" type="checkbox"/> Delete	NAME	NOE, BETTY	STREET ADDRESS	6844 SW 145 TERRACE	CITY-ST-ZIP	PALMETTO FL 33157	TITLE	DVP <input type="checkbox"/> Delete	NAME	MULHOLLAND, ISABEL	STREET ADDRESS	14621 SW 65 AVENUE	CITY-ST-ZIP	CORAL GABLES FL 33158-1821	TITLE	DS <input type="checkbox"/> Delete	NAME	DESMOND, CYNTHIA	STREET ADDRESS	16900 SW 87 AVE	CITY-ST-ZIP	PALMETTO FL 33157-4673	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u><i>Yolly Buchmann</i></u> <u><i>April 27, 2005</i></u> <u><i>305-238781</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																			

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