

# 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 # **N46391** (1)

1. Corporation Name

**THE SOUTH FLORIDA LAMBDA CHORALE, INC.**



Principal Place of Business

Mailing Address

PO BOX 9075  
FT. LAUDERDALE FL 33310-9075

PO BOX 9075  
FT. LAUDERDALE FL 33310-9075

3. Date Incorporated or Qualified  
**12/09/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEATING, GARY E.  
~~670 NE 72 TERR~~  
~~MIAMI FL 33138~~

81 Name **SAME**

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

**899 N.E. 99 STREET**  
**100001735071**  
**-03/07/96--01014--012**

84 City **MIAMI SHORES**

FL

85 Zip Code

**33138**

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 to 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

*Gary E. Keating*

*Gary E. Keating*

**2/20/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	KEATING, GARY E.	<del>870 NE 72 TERR</del> <b>899 N.E. 99 STREET</b>	<del>MIAMI FL 33138</del> <b>MIAMI SHORES FL 33138</b>	<input type="checkbox"/>
D	IVEY, ED	1405 SW 12 CT	FT. LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
T	COPELAND, ANDY	20205-5 NE 3 CT	MIAMI FL 33179	<input checked="" type="checkbox"/>
T	DONELSON, RACHEL	2800 N OCEAN DR	HOLLYWOOD FL 33019	<input checked="" type="checkbox"/>
T	LANGSTON, CARY	4316 JACKSON ST	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
T	ADLER, RANDI	20170 NE 3 CT #8	MIAMI FL 33179	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PRESIDENT - D	CARMINE MARTORELLI	8524 N.W. 9 PLACE	PLANTATION, FLA. 33324	<input checked="" type="checkbox"/>
VICE PRESIDENT - D	KAREN MACKIN	315 N.W. 48 AVENUE	PLANTATION, FL. 33317	<input checked="" type="checkbox"/>
SECRETARY - D	CINDY PAINTER	9163 N.W. 25 COURT	SUNRISE, FL. 33322	<input checked="" type="checkbox"/>
TREASURER - D	STEVEN G. SHUMAN	1401 N.E. 9 STREET, #1	FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/>
DIRECTOR	LINDA KELLEHER	1601 B N.E. 17 TERR.	PLANTATION, FL. 33305	<input checked="" type="checkbox"/>
DIRECTOR	TONY CHIMENTO	4567 POST AVE	MIAMI BEACH, FL. 33140	<input checked="" type="checkbox"/>

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: *Steven G. Shuman* **STEVEN G. SHUMAN**

**2-14-96** **954-467-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**563-6-96**

CR2E037 (12/95)