

FILE NOW: FILING FEE IS \$61.25


FILED

Aug 01 1997 8:00am

Secretary of State

7/23/97



NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46391 (1) 904-438-9000					
1. Corporation Name THE SOUTH FLORIDA LAMBDA CHORALE, INC.					
Principal Place of Business PO BOX 9075 FT. LAUDERDALE FL 33310-9075			Mailing Address PO BOX 9075 FT. LAUDERDALE FL 33310-9075		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/09/1991 3a. Date of Last Report 03/06/1996	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent KEATING, GARY E. 899 NE 99 ST R MIAMI SHORES FL 33138			10. Name and Address of New Registered Agent 81 Name BERT S. COPEN 82 Street Address (P.O. Box Number is Not Acceptable) 735 NE 165 ST 83 84 City MIAMI FL 85 Zip Code 33162		
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] DATE 7/23/97					
12. OFFICERS AND DIRECTORS					
TITLE	D	NAME	KEATING, GARY E.	STREET ADDRESS	899 NE 99 ST
CITY-ST-ZIP			MIAMI SHORES FL 33138		
TITLE	PD	NAME	MARTORILLI, CARMINE	STREET ADDRESS	8524 NW 9 PL
CITY-ST-ZIP			PLANTATION FL 33324		
TITLE	VD	NAME	MACKIN, KAREN	STREET ADDRESS	315 NS 48 AVE
CITY-ST-ZIP			PLANTATION FL 3317		
TITLE	SD	NAME	PAINTER, CINDY	STREET ADDRESS	9163 NW 25 CT R
CITY-ST-ZIP			SUNRISE FL 33322		
TITLE	TD	NAME	SHUMAN, STEVEN G	STREET ADDRESS	1401 NE 9 ST #1
CITY-ST-ZIP			FT LAUDERDALE FL 33304		
TITLE	D	NAME	KELLEHER, LINDA	STREET ADDRESS	1801-B NE 17 TERR
CITY-ST-ZIP			PLANTATION FL 33305		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	1.2 NAME	BERT S. COPEN	1.3 STREET ADDRESS	735 NE 165 ST
1.4 CITY-ST-ZIP			MIAMI, FL 33162		
2.1 TITLE	SD	2.2 NAME	JOE GRIFFIN	2.3 STREET ADDRESS	1600 SW 9 AVE.
2.4 CITY-ST-ZIP			FT. LAUDERDALE, FL 33312		
3.1 TITLE	D	3.2 NAME	MARVIN KOTHENBERG	3.3 STREET ADDRESS	2990 NE 16 AVE.
3.4 CITY-ST-ZIP			FT. LAUDERDALE, FL 33334		
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP					
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP					
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP					

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14. I do 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.