

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, BERT S  
735 NE 165TH ST  
MIAMI FL 33162

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 ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COHEN, BERT S  
735 NE 165TH ST  
MIAMI FL 33162

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GRIFFIN, JOE  
1600 SW 9TH AVE.  
FT. LAUDERDALE FL 33312

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MACKIN, KAREN  
315 NS 48 AVE  
PLANTATION FL 3317

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROTHENBERG, MARVIN  
2990 NE 16TH AVE  
FT. LAUDERDALE FL 33334

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SHUMAN, STEVEN G  
1401 NE 9 ST #1  
FT LAUDERDALE FL 33304

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KELLEHER, LINDA  
1601-B NE 17 TERR  
PLANTATION FL 33305

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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.

SIGNATURE:

*Bert S. Cohen* **BERT S. COHEN** 1/27/98 305-539-6614

CR2E037 (10/97)