

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

000846

DOCUMENT # N46391

1. Entity Name

THE SOUTH FLORIDA LAMBDA CHORALE, INC.



09-08-2003 90317 049 ****61.25

Principal Place of Business

PO BOX 9075
FT. LAUDERDALE FL 33310-9075

Mailing Address

PO BOX 9075
FT. LAUDERDALE FL 33310-9075



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0365732**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENS-ROCHOW, KATHRYN
1420 SW 13 STREET
FT. LAUDERDALE FL 33312

Name **Mantorilli, Carmine A**
Street Address (P.O. Box Number Not Acceptable) **3004 NE 5th Terr #207**
City **Wilton Manors FL** Zip Code **33334**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

☒ Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JENS-ROCHOW, KATHRYN	
STREET ADDRESS	1413 SE 1 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAHM, WILLIAM	
STREET ADDRESS	2001 NE 28 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, LEE	
STREET ADDRESS	672 SW 4 STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEWELL, KEVIN	
STREET ADDRESS	P.O. BOX 39548	
CITY-ST-ZIP	FT. LAUDERDALE FL 33339	
TITLE	REP	<input type="checkbox"/> Delete
NAME	JOHNSON, MILES	
STREET ADDRESS	620 SW 7 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	REP	<input type="checkbox"/> Delete
NAME	PAVLIK, MONICA	
STREET ADDRESS	1862 ADVENTURE PLACE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mantorilli, Carmine A	
STREET ADDRESS	3004 NE 5th Terr #207	
CITY-ST-ZIP	Wilton Manors FL 33334	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson John	
STREET ADDRESS	PO BOX 23357	
CITY-ST-ZIP	Fort Lauderdale FL 33307	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan Joe	
STREET ADDRESS	2306 NE 6th Ave	
CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kislik, Laurie Sue	
STREET ADDRESS	5630 NW 74th Place #201	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	REP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cormier Carol	
STREET ADDRESS	13441 NW 5th Street	
CITY-ST-ZIP	Plantation FL 33325	
TITLE	REP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Artale, Robert	
STREET ADDRESS	2316 NE 6th Ave	
CITY-ST-ZIP	Wilton Manors FL 33305	

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:

SIGNATURE REQUIRED

8/29/03

954-563-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (4/03)