

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 045 ****61.25

DOCUMENT # N94000000598					
1. Entity Name CHAMBER SINGERS BOOSTER CLUB, INC.					
Principal Place of Business %WHISPERING PINES ELEMENTARY, MUSIC DIR. 18929 S.W. 89TH RD. MIAMI, FL 33157			Mailing Address %WHISPERING PINES ELEMENTARY, MUSIC DIR. 18929 S.W. 89TH RD. MIAMI, FL 33157		
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 NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JAY 18464 SW 87 CT MIAMI, FL 33157			Name <u>Trisha L. Carvajal</u> Street Address (P.O. Box Number is Not Acceptable) <u>18933 S.W. 92 Ave</u> City <u>Miami</u> FL <u>33157</u>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>Trisha L. Carvajal</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u>1/28/04</u> <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME CHAVIAND, CHRISTINA STREET ADDRESS 23945 SW 147 AVE CITY-ST-ZIP HOMESTEAD, FL	<input type="checkbox"/> Delete		TITLE DP NAME Chaviano, Christina STREET ADDRESS 23945 SW 147 Ave CITY-ST-ZIP Homestead, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME ADAMS, JAY STREET ADDRESS 18464 SW 87 CT CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE DV NAME Carvajal, Trisha STREET ADDRESS 18933 S.W. 92 Ave CITY-ST-ZIP Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME HALL, REGINA STREET ADDRESS 8134 SW 206 TR CITY-ST-ZIP MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Estrada, Susan STREET ADDRESS 8812 SW 92 ST CITY-ST-ZIP Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME KIRKHAN, LISA STREET ADDRESS 10420 SW 207 CITY-ST-ZIP MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete		TITLE T NAME Smith, Lisa STREET ADDRESS 8325 SW 172 St. CITY-ST-ZIP Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Trisha Carvajal</u> <u>1/28/04</u> <u>305-255-6627</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					