

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90072 001 ****61.25

DOCUMENT # N94000002065					
1. Entity Name AMERICAN FRIENDS OF THE ENGLISH CHAMBER ORCHESTRA MUSIC SOCIETY, INC.					
Principal Place of Business 515 E. LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301			Mailing Address 515 E. LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 141 BAY COLONY DR		3. Mailing Address 141 BAY COLONY DR		50065800 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112005 Chg-NP CR2E037 (10/03)	
City & State FT. LAUDERDALE		City & State FT. LAUDERDALE		4. FEI Number 65-0501544	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIENES, MICHAEL 141 BAY COLONY DRIVE FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Michael Bienes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>9-2-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		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 PD	NAME BIENES, MICHAEL S		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 141 BAY COLONY DRIVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33301			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME BROGAN, FRANCIS B JR.		<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 515 E. LAS OLAS BLVD., SUITE 1500	CITY-ST-ZIP FORT LAUDERDALE, FL 33301			STREET ADDRESS 401 EAST LOS OLAS BLVD	CITY-ST-ZIP FORT LAUDERDALE, FL 33301
TITLE STD	NAME BIENES, DIANNE K		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 141 BAY COLONY DRIVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33301			STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete			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>Michael Bienes - MICHAEL BIENES - 9-2-05 (954) 491-5714</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	