## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

## Mar 29, 2007 08:00 A DOCUMENT # N9400002065 1. Entity Name Secretary of State AMERICAN FRIENDS OF THE ENGLISH CHAMBER ORCHESTRA MUSIC SOCIETY, INC. Principal Place of Business Mailing Address 141 BAY COLONY DR · · 141 BAY COLONY DR FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEL Number 65-0501544 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BIENES, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 141 BAY COLONY DRIVE FORT LAUDERDALE FL 33308 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 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 "Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete ☐ Addition THEF ☐ Change 1100000883574 NAME NAME BIENES, MICHAEL S 04/05/07-80051-005 61.25 STREET ADDRESS 141 BAY COLONY DRIVE STREET ADDRESS CITY - ST - 7 IP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition THE ☐ Delete ☐ Change TITLE NAME BROGAN, FRANCIS B JR. NAME STREET ADDRESS 401 EAST LOS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP FORT LAUDERDALE FL 33301 Change IIILE Addition ☐ Delete MILE NAME NAMI BIENES, DIANNE K STREET ADDRESS STREET ADDRESS 141 BAY COLONY DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE шш Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

**FILED** 

12. Thereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. I further cortify 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:

3-26-07

954-491-5714