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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005894

1. Corporation Name

SOUTH FLORIDA CHAMBER MUSIC FESTIVAL, INC.

Principal Place of Business

1505-P SPRING HARBOR DR.  
DELRAY BEACH FL 33445

Mailing Address

1505-P SPRING HARBOR DR.  
DELRAY BEACH FL 33445



2. Principal Place of Business

21 717 Heron Dr.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

Zip

24 33444

Country

25 U.S.A.

2a. Mailing Address

26 1080 Linton Blvd, Unit B5

Suite, Apt. #, etc.

27 Suite 405

28 City & State

29 Delray Beach, FL

Zip

30 33444

Country

31 U.S.A.

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

65-0543621

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, PAUL J  
1505-P SPRING HARBOR DR.  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

Paul J. Green

82

Street Address (P.O. Box Number is Not Acceptable)

83

717 Heron Dr.

84

City Delray Beach

FL

85 Zip Code

33444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation admits 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

TITLE PTD ☐ DELETE

NAME GREEN, PAUL  
STREET ADDRESS 1505-P SPRING HARBOR DR.  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE SD ☐ DELETE

NAME GREEN, LISA D  
STREET ADDRESS 1505-P SPRING HARBOR DR.  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VD ☐ DELETE

NAME GELFAND, EDITH  
STREET ADDRESS 134 ATLANTIC AVE.  
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME COHEN, MARGERY  
STREET ADDRESS 22317 COLLINGTON DRIVE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE

NAME HOBBS, RITA  
STREET ADDRESS 501 E CAMINO REAL VILLA 1323  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ DELETE

NAME DORFMAN, JACK  
STREET ADDRESS 6478 VIA ROSA  
CITY-ST-ZIP BOCA RATON FL 33433

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

Green, Paul  
717 Heron Dr.  
Delray Beach, FL 33444

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SD

Green, Lisa D.  
717 Heron Dr.  
Delray Beach, FL 33444

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

Dorfman, Jack  
6478 Via Rosa  
Boca Raton, FL 33433

☒ 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, with all other like empowered.

SIGNATURE:

*Paul J. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(561)272-0670

Daytime Phone #

CR2E037 (1/98)