

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005894

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA CHAMBER MUSIC FESTIVAL, INC.

**Current Principal Place of Business:**

717 HERON DR  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

1730 S. FEDERAL HWY.  
SUITE 184  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 65-0543621      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GREEN, PAUL J  
717 HERON DR  
DELRAY BEACH, FL 33444      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: GREEN, PAUL  
Address: 717 HERON DR  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD      ( ) Delete  
Name: GREEN, LISA D  
Address: 717 HERON DR  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD      ( ) Delete  
Name: GELFAND, EDITH  
Address: 134 ATLANTIC AVE.  
City-St-Zip: PALM BEACH, FL 33480

Title: PD      ( ) Delete  
Name: GOLDSTEIN, ARNOLD  
Address: 942 EVERGREEN DR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D      (X) Delete  
Name: MCGINN, NANCY  
Address: 172 QUEENSLAND LANE  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. GREEN

TD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date