

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90074 041 ****61.25

DOCUMENT # N95000003425

1. Entity Name

BROWARD MUSICIANS ASSOCIATIONS, INC.



Principal Place of Business

13780 NW 4 PLACE
MIAMI FL 33168
US

Mailing Address

13780 NW 4 PLACE
#202
MIAMI FL 33168
US

2. Principal Place of Business

13780 N.W. 4th Place
Suite, Apt. #, etc.

3. Mailing Address

13780 N.W. 4th Place
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

N. Miami, FL

City & State

N. Miami, FL

4. FEI Number

65-0598154

Applied For

Not Applicable

Zip

33168-4052

Country

USA

Zip

33168-4052

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRESCHI, GLORIA
13780 NW 4 PLACE
NO MIAMI FL 33168-4052

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

Gloria Guerreschi

04/16/04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRESCHI, GLORIA	
STREET ADDRESS	13780 NW 4TH PL.	
CITY-ST-ZIP	MIAMI FL 33168-4052	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAY, GINNY	
STREET ADDRESS	1100 SW 12TH ST., #C-108	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, DONNA-K	
STREET ADDRESS	391 NW 35TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	S-R	<input type="checkbox"/> Delete
NAME	Jacquelyn Sloeum	
STREET ADDRESS	2790 N.W. 105 Lane	
CITY-ST-ZIP	Sunrise, FL 33322-1041	
TITLE	V-P	<input type="checkbox"/> Delete
NAME	John Buckalew	
STREET ADDRESS	321 S.E. 34 St. #402	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	S-C	<input type="checkbox"/> Delete
NAME	Barbara Snatchko	
STREET ADDRESS	321 S.E. 34 St. #402	
CITY-ST-ZIP	Dania Beach, FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M-C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Anne Cote	
STREET ADDRESS	4922 N.W. 47 Terr.	
CITY-ST-ZIP	Tamarac, FL 33319	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Christensen	
STREET ADDRESS	17942 N.W. 68 Ave.	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gladys Woods	
STREET ADDRESS	391 N.W. 35 Ct.	
CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Voigt	
STREET ADDRESS	10 Ashby, Bldg. A	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Rich	
STREET ADDRESS	1000 S.W. 12 St. #103	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Genevieve Cordes	
STREET ADDRESS	3051 N.E. 48 St. #510	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

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:

Gloria Guerreschi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/16/04 (305) 681-5484