

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90289 023 \*\*\*\*61.25

**DOCUMENT # N95000003425**

1. Entity Name

**BROWARD MUSICIANS ASSOCIATIONS, INC.**



Principal Place of Business

Mailing Address

13780 NW 4 PLACE  
MIAMI FL 33168-4052  
US

13780 NW 4 PLACE  
MIAMI FL 33168-4052  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0598154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2006**

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** ☐ Delete  
NAME **GUERRESCHI, GLORIA**  
STREET ADDRESS **13780 NW 4TH PL.**  
CITY- ST- ZIP **MIAMI FL 33168-4052**

TITLE **PD** ☐ Delete  
NAME **KAY, GINNY**  
STREET ADDRESS **1100 SW 12TH ST., #C-108**  
CITY- ST- ZIP **FORT LAUDERDALE FL 33315**

TITLE **D** ☐ Delete  
NAME **MEYERS, DONNA K**  
STREET ADDRESS **391 NW 35TH COURT**  
CITY- ST- ZIP **FORT LAUDERDALE FL 33309**

TITLE **SR** ☒ Delete  
NAME **SLOEUAN, JACQUELYN** *Deceased*  
STREET ADDRESS **2790 NW 105 LANE**  
CITY- ST- ZIP **SUNRISE FL 33322-1041**

TITLE **VP** ☐ Delete  
NAME **BUCKALOW, JOHN**  
STREET ADDRESS **321 SE 3RD ST #402**  
CITY- ST- ZIP **DANIA FL 33004**

TITLE **SC** ☐ Delete  
NAME **SNATCHKKO, BARBARA**  
STREET ADDRESS **321 SE 3RD #402**  
CITY- ST- ZIP **DANIA FL 33004**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE *Board Member* ☐ Change ☒ Addition  
NAME *Gladas Woods*  
STREET ADDRESS *391 N.W. 35th Court*  
CITY- ST- ZIP *Fort Lauderdale FL 33309*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Gloria Guerreschi 04/14/06 305-681-5484