

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90031 039 \*\*\*\*61.25

**DOCUMENT # N96000002070**

1. Corporation Name

**THE CHORAL SPEAKERS OF FORT LAUDERDALE, INC.**

Principal Place of Business  
**1301 EAST LAKE DRIVE  
FORT LAUDERDALE FL 33316**

Mailing Address  
**1301 EAST LAKE DRIVE  
FORT LAUDERDALE FL 33316**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**04/15/1996**

4. FEI Number

**65-0658468**

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

**PETERSEN, BYRON O  
1700 E. LAS OLAS BLVD  
STE 101-B  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 **D** ☐ DELETE  
NAME **JUDD, LEWIS COLEMAN MRS.**  
STREET ADDRESS **1301 EAST LAKE DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☒ DELETE  
NAME **SOWERS, THOMAS**  
STREET ADDRESS **2377 S.E. 21ST STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316-3619**

TITLE **D** ☐ DELETE  
NAME **BENSON, BILL**  
STREET ADDRESS **6550 N. FED. HWY., SUITE 410**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE  
NAME **EKWURZEL, LARS MRS.**  
STREET ADDRESS **1648 SOUTH EAST 6TH STREET**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441-4997**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-99 (954) 771-0896**

Date

Daytime Phone #

CR2E037 (1/1/98)