

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90120 011 ****70.00

DOCUMENT # N96000002411

1. Corporation Name

BROWARD MUSIC EDUCATION ASSOCIATION, INC.

Principal Place of Business

WALTER C. YOUNG MIDDLE SACHOOL
901 N.W. 129TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address

WALTER C. YOUNG MIDDLE SACHOOL
901 N.W. 129TH AVENUE
PEMBROKE PINES FL 33028



2. Principal Place of Business

21 **Plantation Park Elementary School**
Suite, Apt. #, etc.

2a. Mailing Address

26 **875 S.W. 54th Ave.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
05/15/1996

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

City & State

23 **Plantation, FL**

City & State

28 **Plantation, FL**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip Country
24 **33317** 25 **USA**

Zip Country
29 **33317** 30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEPARD, LEEKAR & LEVINE, P.A.
409 S.E. 7TH STREET
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **Shepard & Leskar, PA.**
82 Street Address (P.O. Box Number is Not Acceptable)
100 S. Pine Island Rd #201
83 **Plantation, FL**
84 City **FL** 85 Zip Code **33324**

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

3-23-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MALCOLM, PHILLIP**
STREET ADDRESS **8000 N.W. 44TH ST**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☒ DELETE
NAME **LOWRY, KEVIN**
STREET ADDRESS **901 N.W. 129TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ DELETE
NAME **PENDAS, KATHLEEN**
STREET ADDRESS **1050 N.W. 2ND STREET**
CITY-ST-ZIP **DANIA FL 33028**

TITLE **D** ☐ DELETE
NAME **SALO, MARY C**
STREET ADDRESS **7201 SAMPLE ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ DELETE
NAME **WILLIAMS, ANTHONY**
STREET ADDRESS **201 S.W. 172ND AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33066**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D. Gregg, Nicole**
1.3 STREET ADDRESS **875 S.W. 54th Ave.**
1.4 CITY-ST-ZIP **Plantation, FL 33317**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Hage, Sherry**
2.3 STREET ADDRESS **600 S.E. 3rd Ave.**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D. Pendas, Kathleen**
3.3 STREET ADDRESS **1700 N.E. 14th St.**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Miles, James**
4.3 STREET ADDRESS **2501 N.W. 11th St.**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

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

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

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: **Nicole Gregg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99
Date

(954) 797-4320
Daytime Phone #

002449

CR2E037 (11/98)