FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra 6. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002325 (5)

Jun 04 1998 8:00am						
Secretary of State						

FILED

NORTH BROWARD MUSIC WORKSHOP CHOIR, INC.						
L						
Principal Place of Business Mailing Address					r specities and saltic seast doint about dates addes doing 16000 faith 1601	
299 S.W. 3RD AVENUE 299 S.W. 3RD AVENUE					3. Date Incorporated or Qualified	
BUILDING 1 BUILDING 1					04/24/1997	
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33			441		4. FEI Number Applied For	
					65-0750877 Not Applicable	
2. Principal Place of Business 2a. Mailing Address 21					5. Certificate of Status Desired Security \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
27 City & State					Trust Fund Contribution Added to Fees	
City & State					7. Is this nonprofit corporation a homeowners association?	
23		26	7 3		☐ Yeş 💆 No	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	J. 1481110 4110 710010 01 00110	in registered rigent		1 Name	To tunio and madrose of from helperorea magnitude	
WAI VED	. JAMES O HI		\			
	RTH EAST 4TH AVENUE		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
	DERDALE FL 33304		8	3		
11.010.	SENDALE I'E GOOGT		1	1	In the last of the	
			10	4 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the abo	ve-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 ag			gent signature	required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAOEV	-			Truscagae Nucces	
NAME	TOWNSEL, CASEY		1	12 NAME 13 STREET ADDRESS 2 CON W 24 Eth PL		
STREET ADDRESS	299 S.W. 3RD AVENUE, #51 DEERFIELD BEACH FL 3344			-ST-ZIP	Deerlies Beach 11. 33441	
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TITU		Change Addition	
NAME	TURNER, MARY		2.2 NAM		Cased Townell	
STREET ADDRESS			4	23 STREET ADDRESS 299 S.W. 3 AL ave, #5/3		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344	1	2. 4 CIT		Deerfield Beach H. 3344	
TILE	SD	DELETE	3.1 TITL		Director Addition	
NAME	COX-MORRIS, BRENDA		3.2 NAM	E	Brende Cox-Mersie	
STREET ADDRESS	241 S.W. 5TH COURT		3.3 STR	et address	241 S.W. 5th Ct.	
CITY-ST-ZIP	DEERFIELD BEACH FL 3344			- ST - <u>ZIP</u>	Deerfield Beach, Fl. 33441	
TITLE	4 D	DELETE	4.1 TITL		Divector IT by Change Addition	
NAME	EVANS, ROSA		4.2 NAN	- ,	assept siriefland	
STREET ADDRESS	512 S.W. 2ND COURT, #2			ET ADDRESS	BROOK N.W. D. ave:	
CITY-ST-ZIP	POMPANO BEACH FL 33060		4.4 CITY		1.33004	
TITLE	D CYLIAA	☐ DELETE	5.1 TITU		Treasurer/Director Change L'Addition	
NAME ADDRESS	POITIER, SYLVIA		52 NAM	ET ADDRESS	Wiktfress Lewis 1300 S.W. 8 th ave.	
STREET ADDRESS			- 6	ET ADDRESS	Dog-Coll Rosal El 22 del	
CITY-ST-ZIP TITLE	D	DELETE	5.4 CITY 6.1 TITL		Deerfield Beach, FL 33441 Secretary/Director Grange Waddition	
NAME	TOWNSEL, GENE	— Descrit	6.2 NAM	. 4	Pauline Hickson	
STREET ADDRESS				ET ADDRESS	261 N.E. 27 5+	
CITY-ST-ZIP	LOS ANGELES CA 90019		6.4 CITY		Pompano Beach, Fl. 33060	
14. I hereby o	ertify that the information supplied v		for the exen	ption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated officer or o	on this annual report or supplement director of the corporation or the rec	al annual report is true and ac eiver or trustee empowered to	curate and execute thi	that my sig s report as	nature shall have the same legal effect as if made under cath; that I am an 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.						

SIGNATURE: Mary Juliur SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 Date

Daytime Phone * 0043744