NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N97000002325

1. Corporation Name

NORTH BROWARD MUSIC WORKSHOP CHOIR, INC.

Principal Place of Business
299 S.W. 3RD AVENUE
BUILDING 1
DEFREIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

299 S.W. 3RD AVENUE **8UILDING 1**

DEERFIELD BEACH FL 33441

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90026 002 ***667.50 09-01-1999 90001 040 ****61.25

6 6 1238 - 90001 - 40

3. Date Incorporated or Qualifed

04/24/1997

65-0750877

4. FEI Number



City & State	e	City & State			5. Certifcate of Status Desired		\$8.75 A		
23	28				G. GG. 11.02.10 G.		Fee Red	Required	
Zip	Country	Zip	Country	<i>f</i>	6. Election Campaign Financing		\$5.00 N		
24	25	25 29 30		Trust Fund Contribution Added t			Fees		
	9. Name and Address of Current	Registered Agent		.	10. Name and Address of New I	Registered A	gent		
			81	Name					
WALKER, JAMES O III				Street Ad	Idress (P.O. Box Number is Not Accept	able)			
1339 NORTH EAST 4TH AVENUE				000.710	.d. 000 (1 :0.				
FT. LAUDERDALE FL 33304									
			0.4	C:b-			85 Zip C		
		*	84	City		FL	85 Zip C	oue	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the abov	e-named co	propration submits this statement for the	purpose of c	hanging its r	egistered	
office or r	egistered agent, or both, in the State of	i Florida. Such change was a	authorized by	the corpora	ation's board of directors. I hereby accep	ot the appoint	tment as reg	istered	
	m familiar with, and accept the obligation	ons or, section of 7.0000, Fig.	Jing Grandes	.				ļ	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Age	nt signature requ	uired when reinstating)	DATE			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	TURNER, MARY		1.2 NAME						
STREET ADDRESS	2600 N W 5TH ST		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			ST-ZIP					
TITLE	VPD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	TOWNSEL, CASEY	_	2.2 NAME				•		
STREET ADDRESS	299 S W 3RD AVENUE, #513			T ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CITY-				,	ĺ	
TITLE	D = -	DELETE	3.1 TITLE		Sirector.		Change	doition	
NAME	COX-MORRIS BRENDA		3.2 NAME		Mary Jordan 710 5.W. 14 Ct. Teerfield Beach, Fl.		MITI		
STREET ADDRESS	241 S W 5TH CT		1	T ADDRESS	710 5.10 14 ck			ĺ	
	DEERFIELD BEACH FL 33441		3.4. CITY-1	RT. 7ID	You died Board Il	72111			
TITLE	D	☐ DELETE	4.1 TITLE	31-2Ir	sergiles sure, s.	J <u>J + 4 /</u>	Change	Addition	
NAME	STRICKLAND, JOSEPH		4. 2 NAME		-		_ •	-	
	206 N W 5TH AVENUE			T ADDRESS					
STREET ADDRESS	DANIA FL 33004								
CITY-ST-ZIP TITLE	TD	☐ DELETE	4.4 CITY-5	01-ZIP			☐ Change	Addition	
	LEWIS, NIKITRESS	·u	5.2 NAME				_ •	_	
NAME	1300 S W 8TH AVENUE		•	T ADDRESS					
STREET ADDRESS	DEERFIELD BEACH FL 33441		5.4 CITY-S						
CITY-ST-ZIP		DELETE	6.1 TITLE				[Change	Addition	
TITLE	SD BALLINE		6.2 NAME	ļ					
NAME	HICKSON, PAULINE			TADDRESS				}	
STREET ADDRESS	261 N E 27TH STREET		6.4 CITY-S						
CITY-ST-ZIP	POMPANO BEACH FL 33060 pertify that the information supplied with	this filing does not qualify fo			Section 119 07(3)(i) Florida Statutes	I further certi	fy that the in	formation	

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.

IGHATURE REQUIRED

August 18, 1999 954-427-

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Applied For

Not Applicable