

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002325

1. Entity Name

NORTH BROWARD MUSIC WORKSHOP CHOIR, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90031 015 ****61.25

Principal Place of Business	Mailing Address
299 S.W. 3RD AVENUE BUILDING 1 DEERFIELD BEACH FL 33441	299 S.W. 3RD AVENUE BUILDING 1 DEERFIELD BEACH FL 33441-3353

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0750877	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, JAMES O III 1339 NORTH EAST 4TH AVENUE FT. LAUDERDALE FL 33304	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.

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME TURNER, MARY STREET ADDRESS 2600 N W 5TH ST CITY-ST-ZIP DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE Director NAME ACUB, ROSE STREET ADDRESS 5341 N.E. 9TH AVE CITY-ST-ZIP DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME TOWNSEL, CASEY STREET ADDRESS 299 S W 3RD AVENUE, #513 CITY-ST-ZIP DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JORDAN, MARY STREET ADDRESS 710 SW 14 CT CITY-ST-ZIP DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STRICKLAND, JOSEPH STREET ADDRESS 206 N W 5TH AVENUE CITY-ST-ZIP DANIA FL 33004 <input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME LEWIS, NIKITRESS STREET ADDRESS 1300 S W 8TH AVENUE CITY-ST-ZIP DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HICKSON, PAULINE STREET ADDRESS 261 N E 27TH STREET CITY-ST-ZIP POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Mary Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (9/99)