

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90125 055 \*\*\*\*\*8.75  
05-03-1999 90125 056 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001659**

1. Corporation Name

**HAYDN SOCIETY OF FLORIDA, INC.**

Principal Place of Business

1239 NE 17 TERRACE  
FT LAUDERDALE FL 33304

Mailing Address

1239 NE 17 TERRACE  
FT LAUDERDALE FL 33304



2. Principal Place of Business 21	2a. Mailing Address 26 <b>1350 East Sunrise Blvd.</b>	3. Date Incorporated or Qualified <b>03/23/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Suite 104</b>	4. FEI Number <b>65-0826995</b>
City & State 23	City & State 28 <b>Fort Lauderdale, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**SIGURDSON, STEVEN**  
**1239 NE 17 TERRACE**  
**FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Steven Sigurdson **Steven Sigurdson Music Director** **4/26/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, LISA</b>	1.2 NAME	
STREET ADDRESS	<b>644 SW 17 PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHLMEYER, DIANA</b>	2.2 NAME	<b>Kohlmeier, Diane</b>
STREET ADDRESS	<b>1101 RIVER BEACH DR, #219</b>	2.3 STREET ADDRESS	<b>1101 River Beach Dr. #219</b>
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	2.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33315</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RATTRAY, RICK</b>	3.2 NAME	<b>Cordrey, Joe</b>
STREET ADDRESS	<b>21 SW 5TH WAY</b>	3.3 STREET ADDRESS	<b>2625 NE 28 Court</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	3.4 CITY-ST-ZIP	<b>Lighthouse Point FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Diana Kohlmeier **4/27/99** **(954) 522-8532**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)