

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002903

FILED
Jan 16, 2009
Secretary of State

Entity Name: SOUTH FLORIDA MUSICIANS' ASSOCIATION, LOCAL 655, INC.

Current Principal Place of Business:

5861 SW 21 STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5861 SW 21 STREET
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 59-0358930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEMPKINS, PHIL
5861 SW 21 STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: APANA, JEFFREY
Address: 1609 NE 17 ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: P () Delete
Name: TEMPKINS, PHIL
Address: 3911 SW 139TH AVE
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: CORCILLO, BARBARA
Address: 18608 126 TERRACE N.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: KERLEY, ERIC
Address: 3400 BANKS RD #203
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BALLARD, HOLLY
Address: 835 NE 18 STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: V () Delete
Name: CHANDLER, DIONE
Address: 680 TENNIS CLUB DR #305
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY APANA

ST

01/16/2009

Electronic Signature of Signing Officer or Director

Date