


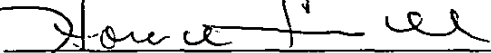


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90069 015 \*\*\*\*70.00

<b>DOCUMENT # N99000004721</b>					
<b>1. Entity Name</b> THE SOUTH FLORIDA BOYS CHOIR, INCORPORATED					
<b>Principal Place of Business</b> 9966 HIBISCUS ST MIAMI, FL 33175			<b>Mailing Address</b> 9966 HIBISCUS ST MIAMI, FL 33175		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State		04052005    Chg-NP    CR2E037 (10/03)	
Zip    Country		Zip    Country		<b>4. FEI Number</b> 31-1671632	
33157		33157		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>	
SULLIVAN, KAY 111 NW 1ST STREET STE 17-202 MIAMI, FL 33128				<b>7. Name and Address of New Registered Agent</b>	
Name 111 NW 1ST STREET STE 17-202 MIAMI, FL 33128				Name Horace Turnbull	
Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33128				Street Address (P.O. Box Number is Not Acceptable) 9966 Hibiscus Street	
City    State    Zip Code				City    State    Zip Code Miami    FL    33157	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE 		Horace Turnbull, Project Director		4/11/05	
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SULLIVAN, KAY 111 NW 1ST STREET 17-202 MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOOD, CHARLES M III 401 NW 2ND AVENUE STE N-1007 MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOOKES, RONALD 10153 CIRCLE PLAZA WEST MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LONDONO, ROBERT M 14095 S DIXIE HWY MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Frieda L. Brown 17954 Franjo Road Miami, Florida 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 		4/11/05		914-584-6367	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					