## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #
1. Corporation Name

THE CHORAL SOCIETY OF PENSACOLA, INC.												
Principal Place	e of Business	JA 18 18 18 18 18 18 18 18 18 18 18 18 18	Mailing Addre	SS							EBAL DIDII EDDI	
C/O PAUL MO 1000 COLLEGE PENSACOLA FI	BLVD		C/O PAUL MCGAHIE 1000 COLLEGE BLVD PENSACOLA FL 32504-8910									
US			US					3. Date Incorporated or Qualified 07/15/1969		e of Last Re 04/24/19		
2. Principal P		ss	2a. Mailing Address 26					4. FEI Number 23-7067468	Applied For Not Applicable			
Suite, Apt.		*.************************************	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
City & State			City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	to Fees	
Zip	` <del> </del>		Zip Cou			<i>t</i>		B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes				
24	9. Name and Address of Curr		29 30 30 ant Registered Agent		<u>'</u>			Florida Statutes Yes You  10. Name and Address of New Registered Agent				
	<u> </u>			<del>-</del>	81	Nam	e		y. 210, 02 A			
MCGAHIE, PAUL					82			sss (P.O. Box Number is Not Acceptable)				
1000 COLLEGE BLVD PENSACOLA FL 32504												
renom		, VT			84	City				<b>85</b> Zip C	Code	
dd Danie	en elen man data	1 Cooliona 047 05	00 017 4500 50	and Alexander	45		<i></i>		FL			
office or r	registered age	nt, or both, in the State	e of Florida. Such ch	ange was auti 17 0503 Elorid	ne above norized by la Statutor	e-name y the co	orporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose or o It the appo	intment as	redistered	
SIGNATURE	BILLEBILLIBEL WILL	i, and accept the obig	jations of, Section 6	17.0303, FIDRIO	a Statutes	<b>S</b> .					,	
	Signature, typed or	printed name of registered ag		(NOTE R	<del></del>	ent signati	re required	d when reinstating)	DATE			
12.	no.	OFFICERS AN	ND DIRECTORS	OFICTE	13.		TPE	ADDITIONS/CHANGES TO OFFICE				
TITLE	PD   France, Peter		<del></del>		1.1 TITLE				ı	Change	Addition	
NAME	104 OAK				1.2 NAME			nborn Kichard	امرا			
STREET ADDRESS	MILTON				1.3 STREET				(~)		}	
CITY-ST-ZIP TITLE	VD	<u> </u>	TO	DELETE	1.4 CITY - 9 2.1 TITLE	1-ZIP	101	1sacola, FC 3250	<u> </u>	Change	Addition	
NAME	PARKER,	EI SIE		P12112	2.2 NAME				'	- Villingo		
STREET ADDRESS	AA IA BURLINIA PARE BA					2.3 STREET ADDRESS						
CITY-ST-ZIP	PENSAC				2 4 CITY-1		<b>'</b>					
TITLE	SD	y 1 1 to		DELETE	3.1 TITLE	or-EIF				Change	Addition	
NAME	LLOYD E	LSPETH	<del>-</del>		3.2 NAME				•	•		
STREET ADDRESS		SAYLER ST			3.3 STREET	ADDRES:	5					
CITY-ST-ZIP	PENSAC				3.4. CITY-							
TITLE	SD			DELETE	4.1 TITLE					Change	Addition	
NAME	DEBARI,	REBA			4. 2 NAME							
STREET ADDRESS		LCON DR.			4.3 STREET	ADDRESS	s					
CITY-ST-ZIP	PENSAC	OLA FL			4.4 CITY - S	ST - 74P						
TITLE	TD			DELETE	5.1 TITLE					Change	Addition	
NAME	SHIMEL,				5.2 NAME		1					
STREET ADDRESS		SDEN RD			5.3 STREET	ADDRESS	s					
CITY+ST-ZIP	PENSAC	OLA FL			5.4 CITY - 8	ST-ZIP	$\bot$					
TITLE				DELETE	6.1 TITLE		J		1	Change	Addition	
NAME					6.2 NAME							
STREET ADDRESS				1	6.3 STREET	ADDRESS	3					
CITY-ST-ZIP	l			1	6.4 CITY - 8	ST - ZIP					ļ	

14. I do 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.

**FILED** 

May 15 1997 8:00am

Secretary of State