

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716884

Corporation Name

THE CHORAL SOCIETY OF PENSACOLA, INC.

Principal Place of Business

C/O PAUL MOGAMME
1000 COLLEGE BLVD
PENSACOLA FL 32504
JS

Mailing Address

C/O PAUL MOGAMME
1000 COLLEGE BLVD
PENSACOLA FL 32504
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/8/99 90009 005 \$61.25

1. Principal Place of Business C/O ROSEMARY PEARCE Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address C/O ROSEMARY PEARCE Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 07/15/1969	4. FEI Number 23-7067468 Applied For Not Applicable
9. Name and Address of Current Registered Agent MARSH, TROY C/O PJC MUSIC DEPT 1000 COLLEGE BLVD PENSACOLA FL 32504		10. Name and Address of New Registered Agent 81 Name RALPH PETERSON 82 Street Address (P.O. Box Number is Not Acceptable) 3975 HIDDEN OAK DR 83 84 City PENSACOLA FL 85 Zip Code 32501	

I, 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: RALPH PETERSON 4/26/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

1. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP
15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP
19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP
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91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-STATE-ZIP	91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-STATE-ZIP	91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-STATE-ZIP	91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-STATE-ZIP
95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-STATE-ZIP	95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-STATE-ZIP	95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-STATE-ZIP	95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-STATE-ZIP
99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-STATE-ZIP	99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-STATE-ZIP	99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-STATE-ZIP	99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-STATE-ZIP

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: JIMMY D. MESSICK 4/26/99 850-477-6003
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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