2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #716884

THE CHORAL SOCIETY OF PENSACOLA, INC.



FILED

Secretary of State

03-03-2004 90023 004 ****61.25

ITULTUUT

Mar 03, 2004 8:00 am

Principal Place of Business ANDREW R. METZGER 1000 COLLEGE BLVD ROOM 803 PENSACOLA, FL 32504 US

2. Principal Place of Business

Mailing Address ANDREW R. METZGER 1000 COLLEGE BLVD ROOM 803 PENSACOLA, FL 32504 US

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 23-7067468 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPATA, DAN 910 GARDENGATE CIRCLE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32504 City Zin Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME SPATA, DAN NAME 910 GARDENGATE CIRCLE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-71P TITLE Delete Addition TITLE ☐ Change BURROWS, BRUCE NAME 110 CHANTE CLAIRE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP

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VD

Tom Ford

112 Windsor Place

Marilyn Shuqart

Bulf Breeze, FL 32561

6628 Lake Charlene Dr.

ensacola Fl 32506

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.

SIGNATURE:

TITLE

NAME

TITLE

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STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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MYERS, THERESA

COWAN, ANNE M

2720 SEALARK LN

MILTON, FL 32583

4305 O'EVEREUX DRIVE

PENSACOLA, FL 32504

BOND, FRED

SD

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5071 SPRINGHILL DR.

PENSACOLA, FL 325032148

OFFICER OR DIRECTOR

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850-484-1806

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Addition 🗖

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