

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90032 019 ****70.00

DOCUMENT # 734503

1. Entity Name

MESSIAH CHORAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3496
 WINTER PARK FL 32790-3496
 US

P.O. BOX 3496
 WINTER PARK FL 32790-3496
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1702013

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALHOUN, NANCY
% SALLEY, FEINBERG & HAMES, PA
390 N. ORANGE AVE #2500
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **GREEN, JACQUELINE E**
 STREET ADDRESS **5412 CONWAY POINTE COURT**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HALCOMB, BONNIE**
 STREET ADDRESS **800 WESLEY CIR, #100**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PARENTE, LORRAINE**
 STREET ADDRESS **607 ORANGE TREE COURT**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME **SD OSBORNE, RHONDA**
 STREET ADDRESS **5606 STONERIDGE CIR**
 CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **TD** Delete
 NAME **DONALDSON, DEBORAH**
 STREET ADDRESS **7108 STOCKHOML WAY**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **TD FRED BLOSCH**
 STREET ADDRESS **110 VALLEY CIR.**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Rhonda Osborne* **RHONDA OSBORNE** 5/16/00 (407) 892-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)