

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90034 003 \*\*\*\*70.00

**DOCUMENT # 734503**

1. Entity Name  
**MESSIAH CHORAL SOCIETY, INC.**



Principal Place of Business  
P.O. BOX 3496  
WINTER PARK, FL 32790-3496 US

Mailing Address  
P.O. BOX 3496  
WINTER PARK, FL 32790-3496 US

**24008598**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004 Chg-NP CR2E037 (10/03)

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

BLOSCHE, FRED C JR  
110 VALLEY CIRCLE  
LONGWOOD, FL 32779

Name **PRISCILLA BLACK**

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

**595 MENDOZA DRIVE**

City **ORLANDO**

**FL**

Zip Code **32825**

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

*Priscilla Black Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

**2/3/04**  
DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STONEROCK, ROBERT E JR  
STREET ADDRESS 1306 WOODLAND STREET  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MCELROY, PATRICIA  
STREET ADDRESS 2900 OAK LANE  
CITY-ST-ZIP FERN PARK, FL 32730

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MAYVILLE, WILLIAM C  
STREET ADDRESS 9205 SAN AMBRESIO DR  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BLACK, PRISCILLA  
STREET ADDRESS 595 MENDOZA DR  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME MELISSA WEISMAN  
STREET ADDRESS 209 LOCHINVAR DRIVE  
CITY-ST-ZIP FERN PARK, FL 32730

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:**

*Priscilla Black*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/04**  
Date

**407-629-1300**  
Daytime Phone #