


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 045 ****70.00

DOCUMENT # <u>734503</u>			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLAWAY, SCOTT E 411 FLETCHER PLACE WINTER PARK, FL 32789		Name <u>Susan Tucker</u> Street Address (P.O. Box Number is Not Acceptable) <u>1404 EL CAJON CT.</u> City <u>WINTER SPRINGS</u> <u>FL</u> Zip Code <u>32708</u>	
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 <u>Susan Tucker</u> <u>Susan Tucker/Secretary</u>		DATE <u>1/20/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD STONEROCK, ROBERT E JR 1306 WOODLAND STREET ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT E. GALLOWAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 411 Fletcher Place Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISMAN, MELISSA 209 LOCNINVAR DRIVE FERN PARK, FL 32730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN TUCKER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1404 El Cajon Ct. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTA, JENNIFER 5135 GOLDENROD PLACE ROAD WINTER PARK, FL 327939251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLOWAY, SCOTT E 411 FLETCHER PLACE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELEANOR JOHNSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 349 Cypress Landing Dr. Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JEAN 1390 AYERSWOOD CT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JOHANNA E 2477 TANOEC CIRCLE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott E. Galloway</u>		DATE <u>1/20/07</u> DAYTIME PHONE # <u>407 740 0702</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	