

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769661** (0)
1. Corporation Name
DELRAY BEACH CHORALE, INC.



Principal Place of Business: P O BOX 127 BELRAY BEACH FL 33447-7127
Mailing Address: P O BOX 127 BELRAY BEACH FL 33447-7127

3. Date Incorporated or Qualified: **08/02/1983**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For	
		26			59-2319134	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEVITT, FRED B. I 30 SE 4TH AVE DELRAY BEACH FL 33483				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	PEARCE, CAROL A.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS		2125 HYPOLUXD		1.3 STREET ADDRESS			
CITY-ST-ZIP		HYPOLUXO FL		1.4 CITY-ST-ZIP			
TITLE	V	WERFEL, MEL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS		5570 PRINCESS PALM CT		2.3 STREET ADDRESS			
CITY-ST-ZIP		DELRAY BCH FL		2.4 CITY-ST-ZIP			
TITLE	TD	RUSZAT, GEORGE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS		30 SE 4TH AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP		DELRAY BCH FL		3.4 CITY-ST-ZIP			
TITLE	D	BOURKE, NANCY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS		4850 NW 5 TERR		4.3 STREET ADDRESS			
CITY-ST-ZIP		BOCA RATON FL		4.4 CITY-ST-ZIP			
TITLE	S	KIENTZY, MARY	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS		12730 OAK HARBOR DRIVE		5.3 STREET ADDRESS			
CITY-ST-ZIP		BOYNTON BEACH FL		5.4 CITY-ST-ZIP			
TITLE	PD	HOWE, KATHARINE V.S.	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS		401 E LINTON BV		6.3 STREET ADDRESS			
CITY-ST-ZIP		DELRAY BCH FL		6.4 CITY-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *George P. ... Treasurer* 3/21/96 407 276 7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)