

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

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
85	Zip Code

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. D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2125 HYPOLUXD	1.2 NAME	
STREET ADDRESS	HYPOLUXO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V WERFEL, MEL D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5570 PRINCESS PALM CT	2.2 NAME	
STREET ADDRESS	DELRAY BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD RUSZAT, GEORGE D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 SE 4TH AVE	3.2 NAME	
STREET ADDRESS	DELRAY BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		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	4850 NW 5 TERR	4.2 NAME	
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S KIENTZY, MARY D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12730 OAK HARBOR DRIVE	5.2 NAME	600001789166
STREET ADDRESS	BOYNTON BEACH FL	5.3 STREET ADDRESS	-04/22/96--01071--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	PD HOWE, KATHARINE V.S. D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E LINTON BV	6.2 NAME	
STREET ADDRESS	DELRAY BCH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 3/21/96 407 226 7436
Date: _____ Daytime Phone: _____

CR2E037 (12/95)