

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769661 (0)**

1. Corporation Name  
**DELRAY BEACH CHORALE, INC.**

Principal Place of Business <b>P O BOX 127 BELRAY BEACH FL 33447-7127</b>	Mailing Address <b>P O BOX 127 BELRAY BEACH FL 33447-7127</b>
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3. Date Incorporated or Qualified  
**08/02/1983**

4. FEI Number  
**59-2318134**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DEVITT, FRED B. I  
30 SE 4TH AVE  
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARCE, CAROL A.</b>	1.2 NAME	
STREET ADDRESS	<b>2125 HYPOLUXD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HYPOLUXO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WERFEL, MEL</b>	2.2 NAME	<b>JOANN ENGEL HARDT</b>
STREET ADDRESS	<b>5570 PRINCESS PALM CT-</b>	2.3 STREET ADDRESS	<b>205 BEACHWAY DR</b>
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	2.4 CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIENTZY, MARY</b>	3.2 NAME	
STREET ADDRESS	<b>12730 OAK HARBOR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, KATHARINE V.S.</b>	4.2 NAME	
STREET ADDRESS	<b>401 E LINTON BV</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Carol A. Pearce* **CAROL A. PEARCE** 2/21/95 (562) 588-0318

CP2E037 (10/97)