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Mar 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769661

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
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319032-90039-26



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date incorporated or Qualified 08/02/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2319134
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent DEVITT, FRED B. I 88 SE 4TH AVE DELRAY BEACH FL 33483	10. Name and Address of New Registered Agent 81 Name William R Merkle 82 Street Address (P.O. Box Number is Not Acceptable) 1901 S CONGRESS AVE #120 83 84 City BOYNTON BEACH FL 85 Zip Code 33426
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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 William R. Merkle DATE 1/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD PRES <input checked="" type="checkbox"/> DELETE	NAME PEARCE, CAROL A.	1.1 TITLE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME MRS CHAWICEY F. HOWE
STREET ADDRESS 2125 HYPOLUXO	CITY-ST-ZIP HYPOLUXO FL	1.3 STREET ADDRESS 401 E LINTON BLVD # 612	1.4 CITY-ST-ZIP Delray, FL 33483
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME ENGELHARDT, JOANN	2.1 TITLE VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME HUGH STRACHAN
STREET ADDRESS 205 BEACHWAY DRIVE	CITY-ST-ZIP OCEAN RIDGE FL 33435	2.3 STREET ADDRESS 5540 COACH HOUSE CIRCLE	2.4 CITY-ST-ZIP Boca Raton, FL 33486
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME KIENTZY, MARY	3.1 TITLE VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME LINDA STURDY
STREET ADDRESS 12730 OAK HARBOR DRIVE	CITY-ST-ZIP BOYNTON BEACH FL	3.3 STREET ADDRESS 4369 NW 2ND TERR	3.4 CITY-ST-ZIP Boca Raton, FL 33431
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME HOWE, KATHARINE W.S.	4.1 TITLE SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME GAY DELWART, H-102
STREET ADDRESS 401 E LINTON BV	CITY-ST-ZIP DELRAY BCH FL	4.3 STREET ADDRESS 790 ANDREWS AVE	4.4 CITY-ST-ZIP Delray, FL 33483
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	5.1 TITLE VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME William R Merkle
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	5.3 STREET ADDRESS 4589 S LAKE DR	5.4 CITY-ST-ZIP BOYNTON, FL 33436
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	6.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME MARY KIENTZY
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	6.3 STREET ADDRESS 12730 Oak Harbor Dr	6.4 CITY-ST-ZIP BOYNTON FL 33436

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 as an attachment with my address, with all other like empowered.

SIGNATURE: W. H. Strachan DATE 1/20/99 VICE-PRESIDENT 561-912-6551

CR2E037 (1/98)