


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90243 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**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
--	--

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**

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**  
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>FB PRES</del> <b>PEARCE, CAROL A.</b> <b>2125 HYPOLUXO</b> <b>HYPOLUXO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>ENGELHARDT, JOANN</b> <b>205 BEACHWAY DRIVE</b> <b>OCEAN RIDGE FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>KIENTZY, MARY</b> <b>12730 OAK HARBOR DRIVE</b> <b>BOYNTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PO</del> <b>HOWE, KATHARINE W.S.</b> <b>401 E LINTON BV</b> <b>DELRAY BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRES. (D)</b> <b>MRS CHAWICEY F. HOWE</b> <b>401 E LINTON BLVD # 612</b> <b>Delray, FL 33483</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRES (D)</b> <b>HUGH STRACHAN</b> <b>5540 COACH HOUSE CIRCLE</b> <b>Boca Raton, FL 33486</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VICE PRES (D)</b> <b>LINDA STURDY</b> <b>4869 NW 2ND TERR</b> <b>Boca Raton, FL 33431</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SECRETARY</b> <b>GAY DELWART, H-102</b> <b>790 ANDREWS AVE</b> <b>Delray, FL 33483</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>VICE PRES (D)</b> <b>William R Merkle</b> <b>4589 S LAKE DR</b> <b>BOYNTON, FL 33436</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>DIRECTOR</b> <b>MARY KIENTZY</b> <b>12730 Oak Harbor Dr</b> <b>BOYNTON FL 33436</b>

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: **WILLIAM R MERKLE** DATE **1/20/99**  
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)