


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 769661 1. Entity Name DELRAY BEACH CHORALE, INC.	
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Principal Place of Business P O BOX 5930 LAKE WORTH, FL 33466 US	Mailing Address P O BOX 5930 LAKE WORTH, FL 33466 US
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04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2319134	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORTGANG, MARTIN
 7828 MANSFIELD HOLLOW RD
 DELRAY BEACH, FL 33446-3317

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURDY, LINDA 4869 NW 2ND TERR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLS, STEPHEN 3890 LAKEWOOD RD #4 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUKE, ELLEN M 9172 PINE SPRINGS DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORTGANG, MARTIN J 7828 MANSFIELD HOLLOW RD DELRAY BEACH, FL 334463317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/06/06-80133-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin J. Fortgang MARTIN J. FORTGANG 4/20/06 561-837-5845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #