2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769661

STUKE, ELLEN M

9172 PINE SPRINGS DRIVE

7828 MANSFIELD HOLLOW RD

DELRAY BEACH, FL 334463317

BOCA RATON, FL 33428

TD () Delete FORTGANG, MARTIN J

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: DELRAY BEACH CHORALE INC.

FILED Apr 18, 2007 Secretary of State

Entity Name: DELRAT BEACT CHORALE, INC.						
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
P O BOX 5930 LAKE WORTH, FL 33466 US			33 GLEAS	FIRST PRESBYTERIAN CHURCH OF DELRAY 33 GLEASON STREET DELRAY BEACH, FL 33484 US		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
P O BOX 5 LAKE WOF	930 RTH, FL 33466	US				
FEI Number:	59-2319134	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
7828 MANS DELRAY B		463317 US	urpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E STURDY, LINDA 4869 NW 2ND TE BOCA RATON, F		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	V () E WELLS, STEPHE 3890 LAKEWOO LAKE WORTH, F	D RD #4	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title:	SD ()[Delete	Title:	SD (X)	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

OGRIN, BARRY

10605 MENDOCINO LANE

() Change () Addition

BOCA RATON, FL 33428

SIGNATURE: MARTIN FORTGANG TD 04/18/2007