

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769661**

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



Principal Place of Business  
**FIRST PRESBYTERIAN CHURCH OF DELRAY**  
**33 GLEASON STREET**  
**DELRAY BEACH, FL 33484 US**

Mailing Address  
**P O BOX 5930**  
**LAKE WORTH, FL 33466 US**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2319134**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000798534  
 01/30/08-80031-032 70.00

**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 OGRIN, BARRY 10605 MENDOCINO LANE 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	

**DO NOT WRITE IN THIS SPACE**

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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2008 954-267-2023