

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

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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 _____

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2008 954-267-2023
Date Daytime Phone #