

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90195 044 ****70.00

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DOCUMENT # **769661**

1. Entity Name

DELRAY BEACH CHORALE, INC.



Principal Place of Business

P O BOX 127
BELRAY BEACH FL 33447-7127
US

Mailing Address

P O BOX 127
BELRAY BEACH FL 33447-7127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2319134**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BRUMM, GERALD A
3490 PINE HAVEN CIRCLE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **MARTIN FORTGANG**
Street Address (P.O. Box Number is Not Acceptable)
7828 MANSFIELD HOLLOW RD.
City **DELRAY BEACH** FL Zip Code **33446-3317**

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 *Martin J. Fortgang* **MARTIN J. FORTGANG, TREASURER** **8/28/2003**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELHARDT, JOANN	
STREET ADDRESS	205 BEACHWAY DRIVE	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELLS, STEPHEN	
STREET ADDRESS	3890 LAKEWOOD RD #4	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	V	<input type="checkbox"/> Delete
NAME	STURDY, LINDA	
STREET ADDRESS	4869 NW 2ND TERR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWE, TODDY	
STREET ADDRESS	401 E LINTON BLVD 612	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIMBALL, SUSAN L	
STREET ADDRESS	1001 SW 17TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRUMM, GERALD A	
STREET ADDRESS	3490 PINE HAVEN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDY, LINDA	
STREET ADDRESS	4869 NW 2ND TERR	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELHARDT, JOANN	
STREET ADDRESS	205 BEACHWAY DRIVE	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN M STUKE, ELLEN M.	
STREET ADDRESS	9172 PINE SPRINGS DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTGANG, MARTIN J.	
STREET ADDRESS	7828 MANSFIELD HOLLOW RD.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446-3317	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** **8/28/2003** **561-495-5015**

CR2E037 (4/03)