

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90158 005 ****61.25

DOCUMENT # **N02000000236**



1. Entity Name
INDIALANTIC CHAMBER SINGERS, INC.

Principal Place of Business Mailing Address
%EASTMINISTER PRESBYTERIAN CHURCH **%EASTMINISTER PRESBYTERIAN CHURCH**
106 N RIVERSIDE DR **106 N RIVERSIDE DR**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3733650		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SYLVESTER, HAROLD TOM 2767 VILLAGE PARK DR MELBOURNE FL 32934				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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: *Harold Tom Sylvester* DATE: 4-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVESTER, HAROLD TOM		NAME		
STREET ADDRESS	2767 VILLAGE PARK DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, CHAD		NAME		
STREET ADDRESS	416 RIVERVIEW LN		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32951		CITY-ST-ZIP		
TITLE	MDD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEDING, DAVID		NAME		
STREET ADDRESS	1555 N HIGHWAY A1A #302		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVAULT, NANCY		NAME		
STREET ADDRESS	449 TURTLE CIR		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIKERT, DENETTE		NAME		
STREET ADDRESS	651 LOGGERHEAD ISLAND DR		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNBURGH, DIANNE		NAME	THORNBURGH, DIANNE	
STREET ADDRESS	1006 HEATHERWOOD WAY		STREET ADDRESS	1006 HEATHERWOOD WAY	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	MELBOURNE FL 32940	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Harold Tom Sylvester* DATE: 4-8-03 (821)259-2598

CR2E037 (10/02)