
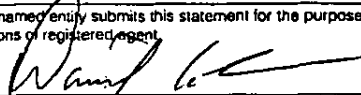



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/6/

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-06-2005 90126 043 ****61.25

DOCUMENT # N04000002315					
1. Entity Name WEST COAST CHILDREN'S CHORUS, INC.					
Principal Place of Business C/O FIRST UNITED METHODIST CHURCH 104 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 US			Mailing Address C/O FIRST UNITED METHODIST CHURCH 104 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number 75-3148450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOFFMAN, DANIEL A ESQUIRE 1718 MAIN STREET SUITE 202 SARASOTA, FL 34236			Name Daniel A. Hoffman Esq. Street Address (P.O. Box Number is Not Acceptable) 753 Cattlemen Rd Sarasota, FL 34232 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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/31/05	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNES, HOPE	NAME			
STREET ADDRESS	5031 FABERGE PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, DANIEL A ESQUIRE	NAME			
STREET ADDRESS	1718 MAIN STREET, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEVING, CAROLE	NAME			
STREET ADDRESS	3711 CALLIANDRA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	TRES <input checked="" type="checkbox"/> Delete	TITLE	Tres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDSTEIN, ELIZABETH	NAME	Russell Copeman		
STREET ADDRESS	988 BOULEVARD OF THE ARTS #717	STREET ADDRESS	2350 Shadow Oaks Road		
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	Sarasota, FL 34240-9328		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 		VP		Date 3/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 941-330-2400	