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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17909 (5)

1. Corporation Name

KEY CHORALE, INC.

Principal Place of Business

P O BOX 20613
SARASOTA FL 34276

Mailing Address

P O BOX 20613
SARASOTA FL 34276-3613



3. Date Incorporated or Qualified
11/21/1986

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2779200

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, BEVERLY J
5146 LANCEWOOD DRIVE
SARASOTA FL 34232

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WARD, ANGELA
STREET ADDRESS 2214 WEST LOCKWOOD LAKE CIR
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE VPD
NAME HARTLEY, BETTY
STREET ADDRESS 4271 OAKHURST CIRCLE EAST
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE SD
NAME DUMBAUGH, JOHN
STREET ADDRESS 219 WHISPERING OAKS CT
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE TD
NAME CRAWFORD, BEVERLY
STREET ADDRESS 5146 LANCEWOOD DR #5
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME MAGENHEIM, JULIE
STREET ADDRESS 4900 OCEAN BLVD #503
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME STORM, RICHARD
STREET ADDRESS 5136 SUNCIRCLE
CITY-ST-ZIP SARASOTA FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084115

CR2E037 (9/96)