

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2004
Secretary of State**

DOCUMENT# N17909

Entity Name: KEY CHORALE, INC.

Current Principal Place of Business:

P O BOX 20613
SARASOTA, FL 34276

New Principal Place of Business:

Current Mailing Address:

P O BOX 20613
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 59-2779200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, BEVERLY J
5146 LANCEWOOD DRIVE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORRIS, NANCY
Address: 3929 BREEZEMONT DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: CRAWFORD, BEVERLY,
Address: 5146 LANCEWOOD DR #5
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MAGENHEIM, JULIE
Address: 1310 WESTWAY DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: PD () Delete
Name: BEACHAM, DEBORAH
Address: 1416 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: VPD () Delete
Name: AMES, JOHN
Address: 4556 ASCOT CIR S
City-St-Zip: SARASOTA, FL 34235

Title: EXDR () Delete
Name: STORM, RICHARD
Address: 707 S GULFSTREAM AVENUE #307
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY J. CRAWFORD

TR

04/27/2004

Electronic Signature of Signing Officer or Director

Date