

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17909

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: KEY CHORALE, INC.

**Current Principal Place of Business:**

3929 BREEZEMONT DRIVE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 20613  
SARASOTA, FL 34276 US

**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:**

MORRIS, NANCY A TREASUR  
3929 BREEZEMONT 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  
Name: OLSON, NANCY YOST  
Address: 13836 SIENNA LOOP  
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: TD  
Name: MORRIS, NANCY  
Address: 3929 BREEZEMONT DRIVE  
City-St-Zip: SARASOTA, FL 34232 US

Title: DD  
Name: BRAINERD, SUSAN  
Address: 3528 FAIR OAKS LANE  
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: PD  
Name: GRAY, PETER  
Address: 5023 TRESTLE COURT  
City-St-Zip: SARASOTA, FL 34238 US

Title: VPD  
Name: CRAMER, TREVOR  
Address: PO BOX 4  
City-St-Zip: TALLEVAST, FL 34270 US

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY MORRIS

TD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date