

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 034 ****61.25

DOCUMENT # N24520

1. Entity Name
CHORAL MASTERWORKS FESTIVAL, INC.



Principal Place of Business
**1918 CASS ST
TAMPA, FL 33606**

Mailing Address
**P.O. BOX 20591
TAMPA, FL 33622-0591**



2. Principal Place of Business
4202 East Fowler Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33620

Country

Zip

Country

07172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2877120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAY, CYNTHIA L ESQ.
ZINOBER AND MCCREA
201 E. KENNEDY BLVD., STE 800
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **Robert B. Hicks, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
14259 Shearwater Court
City **Clearwater** FL Zip Code **33762-7042**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECK, JAMES 531 SEVERN AVENUE TAMPA, FL 33605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOT Chairman GARRETT, TATE A 210 HESPERIDES ST. TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice Chairman KELLER, WILLIAM E 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, L.C. 3008 VERSAILLES RD 12217 Glendale Circle TAMPA, FL 33607 33626-2911	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HICKS, ROBERT B ESQ. 14259 SHEARWATER COURT CLEARWATER, FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D STARKEY, J. B. 14015 POINTE ANNE DR. ODESSA, FL 33556	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Ezell 2915 W. Bay Vista Ave Tampa FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Margaret Passon 3700 Embassy Circle Palm Harbor FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Tom Jackson 10319 Carroll Cove Pl. Tampa FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Tate A. Starkey Chairman August 1, 2005