


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90091 003 ****70.00

DOCUMENT # N24520	
1. Entity Name CHORAL MASTERWORKS FESTIVAL, INC.	

Principal Place of Business 4202 EAST FOWLER AVE TAMPA, FL 33620	Mailing Address P.O. BOX 20591 TAMPA, FL 33622-0591
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2877120	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

Hicks
HEDGE, ROBERT B ESQ.
14259 SHEARWATER COURT
CLEARWATER, FL 33762-3042

**DO NOT WRITE
IN THIS SPACE**

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 Robert B. Hicks 1/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECK, JAMES 12912 TERRACE SPRINGS DRIVE TEMPLE TERRACE, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GARRETT, TATE A 210 HESPERIDES ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KELLER, WILLIAM E 1 HSN DRIVE ST. PETERSBURG, FL 33729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RUCKMAN, LYNDA 1052 EDEN ISLE DR. NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HICKS, ROBERT B ESQ. 14259 SHEARWATER COURT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKEY, J. B. 14015 POINTE ANNE DR. ODESSA, FL 33556

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LC Keller 1/9/07 727-871-5738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #