

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000355 (8)
1. Corporation Name
SUNCOAST CHORALE, INC.



Principal Place of Business 895 S INDIANA STE 104 ENGLEWOOD FL 34223 US	Mailing Address 895 S INDIANA STE 104 ENGLEWOOD FL 34223 US
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3. Date Incorporated or Qualified
01/25/1993

4. FEI Number 65-0432964	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**DOTSON, SYDNEY M
30 BUNKER CT
ROTONDA WEST FL 33947**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOTSON, SYDNEY M	
STREET ADDRESS	30 BUNKER CT	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RANK, VIRGIL	
STREET ADDRESS	351 ARDENWOOD DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MULLEN, NORMA	
STREET ADDRESS	99 CADDY RD	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHURMA, GEORGE E	
STREET ADDRESS	175 ANNAPOLIS LANE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRES COLLINS SPEIR	
1.3 STREET ADDRESS	1087 HODGER CIRCLE	
1.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEHLKE FRED	
2.3 STREET ADDRESS	7288 ELBAST	
2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PASKE HARRIET	
3.3 STREET ADDRESS	1624 LISCOURT DR	
3.4 CITY-ST-ZIP	VENICE, FL 34297	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: George E. Churma DATE: 1-5-97 PHONE: 941-697-1755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064548

CR2E037 (10/97)