


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90018 012 ****61.25

DOCUMENT # N93000000355

1. Entity Name
SUNCOAST CHORALE, INC.



Principal Place of Business
**30 BUNKER CT.
 ROTONDA WEST, FL 33947 US**

Mailing Address
**30 BUNKER CT.
 ROTONDA WEST, FL 33947 US**



2. Principal Place of Business
305 CORAL CREEK DR

3. Mailing Address
305 CORAL CREEK DR

Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

City & State
PLACIDA FL 33946

City & State
PLACIDA FLORIDA

Zip
33946

Country
U.S.A

4. FEI Number
65-0432964

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **GEOFFREY A STROUD**

Street Address (P.O. Box Number is Not Acceptable)
305 CORAL CREEK DRIVE

City **PLACIDA FL** Zip Code **33946**

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 *Geoffrey A Stroud* **TREASURER** *Feb 8, 2005*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 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	P SAMUEL, VIRGINIA 195 SPYGLASS ALLEY CAPA HAZE, FL 33946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTERWORTH, ROBERT 550 WESTMOUNT LANE VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELLOU-BRAINARD, ANNETTE 7 DOVER DR. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOTSON, SYDNEY 30 BUNKER CT ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, DAGMAR 1668 VALLEY DR. VENICE, FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUD, GEOFFREY 305 CORAL CREEK DR. PLACIDA, FL 33946 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DOTSON SYDNEY 30 BUNKER CT. ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DT. STROUD GEOFFREY A. 305 CORAL CREEK DR. PLACIDA FL 33946

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: *Geoffrey A Stroud* **GEOFFREY A STROUD** *2-8-05* *941.697.8207*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #