
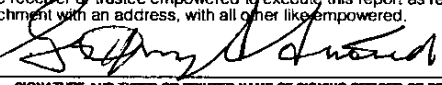


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90022 032 \*\*\*\*61.25

<b>DOCUMENT # N93000000355</b>					
1. Entity Name <b>SUNCOAST CHORALE, INC.</b>					
Principal Place of Business 305 CORAL CREEK DR PLACIDA, FL 33946 US			Mailing Address 305 CORAL CREEK DR PLACIDA, FL 33946 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0432964</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>STROUD, GEOFFREY A 305 CORAL CREEK DRIVE PLACIDA, FL 33946</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMUEL, VIRGINIA		NAME	SAMUEL, VIRGINIA	
STREET ADDRESS	195 SPYGLASS ALLEY		STREET ADDRESS	195 SPYGLASS ALLEY	
CITY-ST-ZIP	CAPA HAZE, FL 33946		CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATTERWORTH, ROBERT		NAME		
STREET ADDRESS	550 WESTMOUNT LANE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLOU-BRAINARD, ANNETTE		NAME	S <del>BELLOU</del> KAISER, BONNIE	
STREET ADDRESS	7 DOVER DR.		STREET ADDRESS	1345 PINEBROOK WAY	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOTSON, SYDNEY		NAME		
STREET ADDRESS	30 BUNKER CT		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAUGHLIN, DAGMAR		NAME		
STREET ADDRESS	1668 VALLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROUD, GEOFFREY		NAME		
STREET ADDRESS	305 CORAL CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
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: 		GEOFFREY A STROUD		941 6978207	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-18-06		Daytime Phone #	