
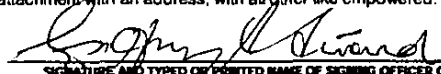


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90008 050 ****61.25

DOCUMENT # N93000000355					
1. Entity Name SUNCOAST CHORALE, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0432964	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STROUD, GEOFFREY A 305 CORAL CREEK DRIVE PLACIDA, FL 33946			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, PETE		NAME		
STREET ADDRESS	1617 MONARCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34283		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTZLER, SUZANNA		NAME	KAISER, BONNIE	
STREET ADDRESS	872 MORGAN TOWNE WAY		STREET ADDRESS	1345 PINEBROOK WAY	
CITY-ST-ZIP	VENICE, FL 34282		CITY-ST-ZIP	VENICE FL 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAISER, BONNIE		NAME	WILLIAM JOHANNIS	
STREET ADDRESS	1345 PINEBROOK WAY		STREET ADDRESS	20535 CAPELLO DRIVE	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JOEL		NAME		
STREET ADDRESS	4480 VIA DEL VILLETTI		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34283		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLAUGHLIN, DAGMAR		NAME	BYRON JOAN	
STREET ADDRESS	1668 VALLEY DR.		STREET ADDRESS	23159 ALLEN AVE	
CITY-ST-ZIP	VENICE, FL 34282		CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
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 817, 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: 		Date: April 2 2008		Daytime Phone #: 941.697.8207	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	