

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000355

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: SUNCOAST CHORALE, INC.

**Current Principal Place of Business:**

4480 VIA DEL VILLETTI  
VENICE, FL 34293 US

**New Principal Place of Business:**

**Current Mailing Address:**

4480 VIA DEL VILLETTI  
VENICE, FL 34293 US

**New Mailing Address:**

FEI Number: 65-0432964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, JOEL L  
4480 VIA DEL VILLETTI  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BYRON, JOAN  
Address: 23519 ALLEN AVE  
City-St-Zip: PT. CHARLOTTE, FL 33980

Title: VD  
Name: MILNE, CATHERINE  
Address: 2255 LAKEWOOD DRIVE  
City-St-Zip: NOKOMIS, FL 34275

Title: TD  
Name: MORRISON, JOEL  
Address: 4480 VIA DEL VILLETTI  
City-St-Zip: VENICE, FL 34293

Title: SD  
Name: VERMETTE, SUSAN  
Address: 6 LONG MEADOW RD  
City-St-Zip: ROTONDA WEST, FL 33497

Title: D  
Name: BYRON, RAYMOND  
Address: 23159 ALLEN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D  
Name: CALLAHAN, CLAIRE  
Address: 201 SILVER LAKE DR #103  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL MORRISON

TD

04/26/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date