


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 28 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000614 (5)  
 1. Corporation Name  
 ST. LUCIE CHORALE, INC.



Principal Place of Business Mailing Address  
 PO BOX 4115 FT. PIERCE FL 34948 PO BOX 4115 FT. PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1996 3a. Date of Last Report N/A

4. FEI Number 65-0642239 Applied For Not Applicable

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

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No N/A

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
 ABERNETHY, BRUCE R JR.  
 900 VIRGINIA AVE.  
 SUITE 6  
 FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VARN, SUZANNE	
STREET ADDRESS	3433 GORDY RD.	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, CHARLES	
STREET ADDRESS	1001 S.E. ERWIN	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, DONNA	
STREET ADDRESS	3080 N. MILTON RD.	
CITY-ST-ZIP	FT. PIERCE FL 34948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, ALLEN	
STREET ADDRESS	3201 LIVE OAK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, URSULA	
STREET ADDRESS	3201 LIVE OAK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, BEVERLY	
STREET ADDRESS	8502 GALLBERRY CIR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD K. BOYD	
1.3 STREET ADDRESS	2400 S. OCEAN DRIVE # 2245	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARMEN RENALDY	
2.3 STREET ADDRESS	4069 GARDEN VILLAS COURT	
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIANE MACWILLIAM	
3.3 STREET ADDRESS	7205 WINTER GARDEN PARKWAY	
3.4 CITY-ST-ZIP	FT. PIERCE FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNATURE REQUIRED *Diane MacWilliam* 81411 6802

CR2E037 (4/97)