

FILE NOW: FILING FEE IS \$61.25

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**Jul 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000614 (5)
1. Corporation Name
ST. LUCIE CHORALE, INC.



Principal Place of Business PO BOX 4115 FT. PIERCE FL 34948	Mailing Address PO BOX 4115 FT. PIERCE FL 34948
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3. Date Incorporated or Qualified 02/01/1996	Applied For Not Applicable
4. FEI Number 65-0642239	

2. Principal Place of Business 21 P.O. Box 139 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 139 Suite, Apt. #, etc.
22 City & State 23 STUART FL	27 City & State 28 STUART, FL
24 Zip 34995	25 Country
29 Zip 34997	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, RICHARD K	1.2 NAME	SANDRA Mc NIFF
STREET ADDRESS	2400 S OCEAN DR #2245	1.3 STREET ADDRESS	113 MANLEY ST
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, CHARLES	2.2 NAME	IRENE F. MANNAN
STREET ADDRESS	1901 S.E. ERWIN	2.3 STREET ADDRESS	600 UNO LAGO DR # 303
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	JUNE BEACH, FL 33408
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RENALDY, CARMEN	3.2 NAME	
STREET ADDRESS	4069 GARDEN VILLAS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROSENBERG, ALLEN	4.2 NAME	
STREET ADDRESS	3201 LIVE OAK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROSENBERG, URSULA	5.2 NAME	
STREET ADDRESS	3201 LIVE OAK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	MACWILLIAM, DIANE	6.2 NAME	
STREET ADDRESS	7205 WINTER GARDEN PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	

14. 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 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 _____

CP2E037 (10/97)