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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000614

1. Corporation Name  
ST. LUCIE CHORALE, INC.

Principal Place of Business

P.O. BOX 139  
STUART FL 34995  
US

Mailing Address

P. O. BOX 139  
STUART FL 34997  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/01/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0642239

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNETHY, BRUCE R JR.  
900 VIRGINIA AVE.  
SUITE 6  
FT. PIERCE FL 34982

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  DELETE

NAME MCNIFF, SANDRA  
STREET ADDRESS 113 MANLEY ST  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

1.1 TITLE  Change  Addition

TITLE D  DELETE

NAME HUNTER, CHARLES  
STREET ADDRESS 1901 S.E. ERWIN  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

2.1 TITLE  Change  Addition

TITLE D  DELETE

NAME RENALDY, CARMEN  
STREET ADDRESS 4069 GARDEN VILLAS COURT  
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE  Change  Addition

TITLE D  DELETE

NAME ROSENBERG, ALLEN  
STREET ADDRESS 3201 LIVE OAK LANE  
CITY-ST-ZIP FT. PIERCE FL 34981

4.1 TITLE  Change  Addition

TITLE D  DELETE

NAME ROSENBERG, URSULA  
STREET ADDRESS 3201 LIVE OAK LANE  
CITY-ST-ZIP FT. PIERCE FL 34981

5.1 TITLE  Change  Addition

TITLE T  DELETE

NAME FLANNAGAN, IRENE  
STREET ADDRESS 600 UNO LAGO DR #303  
CITY-ST-ZIP JUNO BEACH FL 33408

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 2/26/99 561 630-7785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)