

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90016 043 ****61.25

DOCUMENT # N96000000614

1. Entity Name

ST. LUCIE CHORALE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 139
 STUART FL 34995
 US

P. O. BOX 139
 STUART FL 34995-0139
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS **113 MANLEY ST**
 CITY-ST-ZIP **34983**

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

TITLE Change Addition
 NAME **PRESIDENT**
JAMES McADAMS III
 STREET ADDRESS **2291 SW Manor Hill Dr**
 CITY-ST-ZIP **Palm City FL 34990**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **TREASURER**
STEVENS GERALD W.
 STREET ADDRESS **1574 SE BAULANT RAE CT**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

12. 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 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 617, 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: *[Signature]* **Treasurer** 1-23-2000 561-337-2232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #