

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90055 023 \*\*\*\*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 34997  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	MCNIFF, SANDRA	113 MANLY ST	PORT SAINT LUCIE FL 34983	<input type="checkbox"/>
P	MCADAMS, JAMES III	2291 SW MANOR HILL DR	PALM CITY FL 34990	<input type="checkbox"/>
D	RENALDY, CARMEN	4089 GARDEN VILLAS COURT	FT PIERCE FL	<input type="checkbox"/>
D	ROSENBERG, ALLEN	3201 LIVE OAK LANE	FT. PIERCE FL 34981	<input type="checkbox"/>
D	ROSENBERG, URSULA	3201 LIVE OAK LANE	FT. PIERCE FL 34981	<input type="checkbox"/>
T	STEVENS, GERALON	1574 SE BALLANTRAE CT	PORT SAINT LUCIE FL 34952	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Gerald N. Stevens* **GERALD N. STEVENS** Jan 14 2002 561-337-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)