

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000614

FILED
Apr 05, 2007
Secretary of State

Entity Name: ST. LUCIE CHORALE, INC.

Current Principal Place of Business:

P.O. BOX 139
STUART, FL 34995 US

New Principal Place of Business:

623 E OCEAN BLVD
STUART, FL 34995 US

Current Mailing Address:

P. O. BOX 139
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0642239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMES, TIMOTHY
2 RIVERVIEW DRIVE
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCNIFF, SANDRA
Address: 113 MANLY ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P () Delete
Name: KIMES, TIM
Address: 2 RIVER VIEW DR.
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: HANLEY, ELEANOR
Address: 2254 SW WATERVIEW PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ROSENBERG, ALLEN
Address: 2680 WILLOWOOD W
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ROSENBERG, URSULA
Address: 2680 WILLOWOOD W
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: SCHNORR, KATHLEEN A
Address: 2227 SE STONEHAVEN RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLARK, DEBBIE
Address: 8557 SE COCNUT ST
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A SCHNORR

TREA

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date