


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N96000000614**

1. Entity Name  
ST. LUCIE CHORALE, INC.



Principal Place of Business 623 E OCEAN BLVD STUART, FL 34995 US	Mailing Address P. O. BOX 139 STUART, FL 34997 US
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01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0642239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KIMES, TIMOTHY  
2 RIVERVIEW DRIVE  
STUART, FL 34996

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000876221  
04/11/08-80063-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNIFF, SANDRA 113 MANLY ST PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMES, TIM 2 RIVER VIEW DR. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, DEBBIE 8557 SE COCNUT ST HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, ALLEN 2680 WILLOWOOD W PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, URSULA 2680 WILLOWOOD W PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNORR, KATHLEEN A 2227 SE STONEHAVEN RD PORT SAINT LUCIE, FL 34952

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathleen A Schnorr as Trustee Date: 7/2-3/08-5223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #