


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90007 032 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734503					
1. Corporation Name MESSIAH CHORAL SOCIETY, INC.					
Principal Place of Business P.O. BOX 3496 WINTER PARK FL 32790-3496 US			Mailing Address P.O. BOX 3496 WINTER PARK FL 32790-3496 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/04/1975 4. FEI Number 59-1702013 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CALHOUN, NANCY % SALLEY, FEINBERG & HAMES, PA 390 N. ORANGE AVE #2500 ORLANDO FL 32801				10. Name and Address of New Registered Agent 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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JACKIE			1.2 NAME	Green, Jacqueline E.	<input checked="" type="checkbox"/> Correction	
STREET ADDRESS	5412 CONWAY POINTE COURT			1.3 STREET ADDRESS	5412 Conway Pointe Court		
CITY-ST-ZIP	ORLANDO FL 32812			1.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALCOMB, BONNIE			2.2 NAME			
STREET ADDRESS	800 WESLEY CIR. #100			2.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary, SD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LABY, CAROLINE			3.2 NAME	PARENTE, LORRAINE		
STREET ADDRESS	865 EASTBROOK BLVD			3.3 STREET ADDRESS	607 Orange Tree Court		
CITY-ST-ZIP	WINTER PARK FL 32792			3.4 CITY-ST-ZIP	Maitland, FL 32751		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONALDSON, DEBORAH			4.2 NAME			
STREET ADDRESS	7108 STOCKHOML WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

Lorraine J. Parente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (407) 628-3543
Date Daytime Phone #

CR2E037 (11/98)