

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734503

**Entity Name:** MESSIAH CHORAL SOCIETY, INC.

**Current Principal Place of Business:**

506 SILVERGATE LOOP  
LAKE MARY, FL 32746

**FILED**  
**Jan 16, 2023**  
**Secretary of State**  
**4361875571CC**

**Current Mailing Address:**

P.O. BOX 3496  
WINTER PARK, FL 32790-3496 US

**FEI Number: 59-1702013**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LIEBLE III, FRANK  
506 SILVERGATE LOOP  
LAKE MARY, FL 32746 US

*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: FRANK LIEBLE III**

**01/16/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LIEBLE III, FRANK C  
Address        506 SILVERGATE LOOP  
City-State-Zip: LAKE MARY FL 32746

Title           OFFICER  
Name           COWLEY, HEATHER  
Address        3315 ABALENE BLVD  
City-State-Zip: ORLANDO FL 32833

Title           OFFICER  
Name           WILLIAMS, REBECCA  
Address        1228 NEWCASTLE DR  
City-State-Zip: ORLANDO FL 32806

Title           PRESIDENT  
Name           LANDRY, ROB  
Address        1035 NORTH THORNTON AVE  
City-State-Zip: ORLANDO FL 32803

Title           VP  
Name           DIQUATTRO, DAVID  
Address        2828 WILL-O-THE-GREEN STREET  
City-State-Zip: WINTER PARK FL 32792

Title           OFFICER  
Name           OTT, ALAN  
Address        1100 LAKE ROGERS CIRCLE  
City-State-Zip: OVIEDO FL 32828

Title           OFFICER  
Name           DUNSCOMB, KAREN  
Address        528 HEATHERTON VILLAGE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           BURRIDGE, MABEL  
Address        10,000 RIVER GLEN COURT  
City-State-Zip: ORLANDO FL 32825

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANK LIEBLE III**

**TREASURER**

**01/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PANCAKE, ELAINE  
Address 5223 SECLUDED OAKS DRIVE  
City-State-Zip: ORLANDO FL 32812

Title SECRETARY  
Name ANDERSON, CONNIE  
Address 108 BEACON MILL LANE  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name WEISMAN, MELISSA  
Address 209 LOCHINVAR DRIVE  
City-State-Zip: FERN PARK FL 32730