

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 769661

Entity Name: DELRAY BEACH CHORALE, INC.

Current Principal Place of Business:

777 GLADES RD.
BOCA RATON, FL 33431

Current Mailing Address:

P O BOX 6699
DELRAY BEACH, FL 33482 US

FEI Number: 59-2319134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGRIN, BARRY
7048 IMPERIAL BEACH CIRCLE
DELRAY BEACH, FL 33446 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name TASCA, PAUL
Address 9929 BLUEFIELD DRIVE
City-State-Zip: BOYNTON BEACH FL 33473

Title VP
Name HIDALGO, MONICA
Address 696 SIESTA KEY CIRCLE
APT. 1921
City-State-Zip: DEERFIELD BEACH FL 33441

Title TREASURER
Name NORTON, LILY
Address 23296 SW 58TH AVE., UNIT D
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT
Name CUMMINGS, JEREMIAH
Address 4861 NORTHLAKE BLVD.
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY
Name SHERMAN, DEBORAH
Address 831 LAKE AVENUE NORTH
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name JARVIS, CHRISTOPHER
Address 21926 TOWN PLACE DRIVE
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name EVANS, DYLAN
Address 5679 SIMS ROAD
City-State-Zip: DELRAY BEACH FL 33484

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: BARRY OGRIN

BOOKKEEPER

06/16/2017

Electronic Signature of Signing Officer/Director Detail

Date