2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000000236

Entity Name: INDIALANTIC CHAMBER SINGERS, INC.

FILED Aug 18, 2015 Secretary of State CC5922044147

Current Principal Place of Business:

P.O.BOX 34048

INDIALANTIC, FL 32903

Current Mailing Address:

P.O.BOX 34048

INDIALANTIC, FL 32903 US

FEI Number: 59-3733650 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUNN, KAREN 165 MAR LEN DRIVE MELBOURNE BEACH, FL 32951 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: KAREN BUNN 08/18/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title V

Name SPADAFORA, ANTHONY J Name BROWN, TIM

Address 6895 RENSHAW DR Address 5055 SMITHFIELD

City-State-Zip: VIERA FL 32940 City-State-Zip: MELBOURNE FL 32934

TitleSTitleTREASURERNameBUNN, KARENNameBADGIO, SUSANAddress165 MAR LEN DRIVEAddress310 CYNTHIA LANE

City-State-Zip: MELBOURNE BEACH FL 32951 City-State-Zip: INDIAN HARBOR BEACH FL 32937

Title GR Title GR

Name AUDET, TAMSEY Name PARKER, JEAN

Address 305 HAILWOOD DR Address 1358 NELSON COURT

City-State-Zip: MELBOURNE FL 32901 City-State-Zip: ROCKLEDGE FL 32955

Title COMPTROLLER Title GR

Name BROWN, ANNE Name LESTER, SHARON

Address 5055 SMITHFIELD Address 1656

City-State-Zip: MELBOURNE FL 32934 City-State-Zip: MELBORNE FL 32904

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: ANTHONY J SPADAFORA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 08/18/2015

Date