## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17909

Entity Name: KEY CHORALE, INC.

**Current Principal Place of Business:** 

3929 BREEZEMONT DRIVE SARASOTA, FL 34232

**Current Mailing Address:** 

P. O. BOX 20613

SARASOTA, FL 34276 US

FEI Number: 59-2779200 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, NANCY A 3929 BREEZEMONT DRIVE SARASOTA, FL 34232 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: NANCY A MORRIS 02/06/2013

Electronic Signature of Registered Agent

Date

Date

FILED Feb 06, 2013

**Secretary of State** 

CC3108048495

Officer/Director Detail:

Title SD Title TD

Name OLSON, NANCY YOST Name MORRIS, NANCY

Address 13836 SIENNA LOOP Address 3929 BREEZEMONT DRIVE

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: SARASOTA FL 34232

Title DD Title PD

Name BRAINERD, SUSAN Name GRAY, PETER

Address 3528 FAIR OAKS LANE Address 5023 TRESTLE COURT
City-State-Zip: LONGBOAT KEY FL 34228 City-State-Zip: SARASOTA FL 34238

Title VPD Title EXDR

Electronic Signature of Signing Officer/Director Detail

Name LILLEY, RICHARD Name STORM, RICHARD

Address 12814 KITE DR Address 707 S GULFSTREAM AVENUE #307

City-State-Zip: BRADENTON FL 34212 City-State-Zip: SARASOTA FL 34236

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: NANCY A MORRIS TREASURER 02/06/2013