

**2016 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

03/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name PLERHOPLES, JUDITH  
Address 7005 BRIER CREEK CT  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TD  
Name MORRIS, NANCY  
Address 3929 BREEZEMONT DRIVE  
City-State-Zip: SARASOTA FL 34232

Title PD  
Name HOLDEN, LEE  
Address 6193 NICOLE ST  
City-State-Zip: SARASOTA FL 34143

Title VPD  
Name MORRISON, JOEL  
Address 4480 VIA DEL VILLETTI DR  
City-State-Zip: NOKOMIS FL 34293

Title EXDR  
Name VERNON, CATHERINE  
Address 7235 VILLA D'DESTE DR  
City-State-Zip: SARASOTA FL 34238

*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 MORRIS

**TREASURER**

03/26/2016

Electronic Signature of Signing Officer/Director Detail

Date