FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -1 AM 9:07

DOCUMENT # **706182** (3)

1. Corporation Name

JACKSONVILLE HARMONY CHORUS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 24464 JACKSONVILLE FL 32241-4464	P. O. BOX 24464 JACKSONVILLE FL 32241-4464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1963	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6166251	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PEARSON, SANDRA~~ ~~1021 LARKSPUR LOOP~~ ~~JACKSONVILLE FL 32259~~	81 Name: ANN GOOCH 82 Street Address (P.O. Box Number is Not Acceptable): 1704 SHOREVIEW DRIVE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32218

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ann Gooch — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 4-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	~~PEARSON, SANDRA~~	12 NAME	MABEL VEECH	
STREET ADDRESS	~~1021 LARKSPUR LOOP~~	13 STREET ADDRESS	85 DeBARRY AVE #3024	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	~~VD~~	21 TITLE	D	☒ Change ☐ Addition
NAME	~~NODURFT, PATRICIA~~	22 NAME	GIBSON, CYNDIE	
STREET ADDRESS	~~3220 BELLOWS CT~~	23 STREET ADDRESS	11126 ZEPHYR WAY	
CITY-ST-ZIP	~~MIDDLEBURG FL~~	24 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	~~TD~~	31 TITLE	TREASURER/D	☒ Change ☐ Addition
NAME	~~CAMPBELL, PAMELA~~	32 NAME	GINNELLE DOWDY	
STREET ADDRESS	~~10900 ST AUGUSTINE RD. #501~~	33 STREET ADDRESS	2537 EMILY DRIVE	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	~~SD~~	41 TITLE	SECRETARY/D	☒ Change ☐ Addition
NAME	~~ANDERSON, SHELLEY~~	42 NAME	BARBARA NEILSON	
STREET ADDRESS	~~4950 RICHARD ST., #64~~	43 STREET ADDRESS	10725 CLYDESDALE DRIVE W.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	44 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	GOOCH, ANN	
STREET ADDRESS		53 STREET ADDRESS	1704 SHOREVIEW DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	HAGGERTY, KATHLEEN	
STREET ADDRESS		63 STREET ADDRESS	2356 TADESTONE CT.	
CITY-ST-ZIP		64 CITY-ST-ZIP	JACKSONVILLE, FL 32246	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~Sandra G. Pearson~~ — 4/25/95 — ~~904-287-2056~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mabel A. Veech — 4/25/95 — 904-269-1791

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