

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/19/1963

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6166251

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOOCH, ANN
1704 SHOREVIEW DR
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME VEECH, MABEL
STREET ADDRESS 85 DE BARRY AVE 3024
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME GIBSON, CYNDIE
STREET ADDRESS 11126 ZEPHYR WAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME DOWDY, GINNELLE
STREET ADDRESS 2537 EMILY DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ~~SD~~ ☒ DELETE

NAME ~~NEILSON, BARBARA~~
STREET ADDRESS ~~16725 CLYDESDALE DR W~~
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE D ☐ DELETE

NAME GOOCH, ANN
STREET ADDRESS 1704 SHOREVIEW DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME HAGGERTY, KATHLEEN
STREET ADDRESS 2356 JADESTONE CT
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

Kathleen Haggerty

KATHLEEN HAGGERTY

Date

4/18/96 (904) 359-7736

Daytime Phone #

CR2E037 (12/95)