


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706182** (3)
1. Corporation Name
JACKSONVILLE HARMONY CHORUS, INC.



Principal Place of Business P. O. BOX 24464 JACKSONVILLE FL 32241-4464	Mailing Address P. O. BOX 24464 JACKSONVILLE FL 32241-4464
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1963		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6166251		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
				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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEECH, MABEL	1.2 NAME	BARROW, PAMELA
STREET ADDRESS	85 DE BARRY AVE 3024	1.3 STREET ADDRESS	2167 RIO COVE DRIVE
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32255
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, CYNDIE	2.2 NAME	HARDMAN, BONNIE
STREET ADDRESS	11128 ZEPHYR WAY	2.3 STREET ADDRESS	12934 FOREST GREEN COURT S.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWDY, GINNELLE	3.2 NAME	GREEN, ELIZABETH
STREET ADDRESS	2837 EMILY DR	3.3 STREET ADDRESS	937 EAST COAST DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32223
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHELLEY	4.2 NAME	
STREET ADDRESS	4950 RICHARD ST #64	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOCH, ANN	5.2 NAME	
STREET ADDRESS	1704 SHOREVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGERTY, KATHLEEN	6.2 NAME	
STREET ADDRESS	2356 JADESTONE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Kathleen Haggerty* (904) 350-7788

CR2E037 (9/96)