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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-6166251

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 D ☒ DELETE
NAME BARROW, PAMELA
STREET ADDRESS 2167 RIO COVE DR.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME SPLANE, JOAN
1.3 STREET ADDRESS 1237 THE GROVE ROAD
1.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD ☒ DELETE
NAME HARDMAN, BONNIE
STREET ADDRESS 12934 FOREST GLEN CT. S.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME PLANKY ANNE
2.3 STREET ADDRESS 2639 SETTLEMENT DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE D ☒ DELETE
NAME GREEN, ELIZABETH
STREET ADDRESS 937 EAST COAST DR.
CITY-ST-ZIP ATLANTIC BEACH FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME VEECH, MABEL
3.3 STREET ADDRESS 11474 HALETHORPE DRIVE
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE SD ☐ DELETE
NAME ANDERSON, SHELLEY
STREET ADDRESS 4950 RICHARD ST #64
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOOCH, ANN
STREET ADDRESS 1704 SHOREVIEW DR
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME HAGGERTY, KATHLEEN
STREET ADDRESS 2356 JADESTONE CT
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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
KATHLEEN HAGGERTY
PRESIDENT
4/1/98 (404) 359-7731

CR2E037 (10/97)