

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90036 002 \*\*\*\*61.25

DOCUMENT # 706182

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25 32217

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 32217

3. Date Incorporated or Qualified

09/19/1963

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

9. Name and Address of Current Registered Agent

GOOCH, ANN  
1704 SHOREVIEW DR  
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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

TITLE D  
NAME SPLANE, JOAN  
STREET ADDRESS 1237 THE GROVE RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D  
NAME PLANKEY, ANNE  
STREET ADDRESS 2639 SETTLEMENT DR  
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE D  
NAME VEECH, MABEL  
STREET ADDRESS 11474 HALETHORPE DR  
CITY-ST-ZIP JACKSONVILLE FL 32223

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DT  
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 SD  
4.2 NAME Pam Ots  
4.3 STREET ADDRESS 10399 CYPRESS LAKES DR.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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

6.1 TITLE SD  
6.2 NAME SONIA MORROW  
6.3 STREET ADDRESS 11240 BROCKTON PL.  
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99

757-4509

CR2E037 (1/98)