

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706182

1. Entity Name

JACKSONVILLE HARMONY CHORUS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90075 040 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 24464
JACKSONVILLE FL 32217

P. O. BOX 24464
JACKSONVILLE FL 32241-4464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6166251
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOCH, ANN
1704 SHOREVIEW DR
JACKSONVILLE FL 32218

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DP ☐ Change ☒ Addition
NAME MODURFT, PATRICIA
STREET ADDRESS 3220 BELLOWS COURT
CITY-ST-ZIP MIDDLEBURG, FL 32068

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME OTIS, PAM
STREET ADDRESS 10399 CYPRESS LAKES DR.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOOCH, ANN
STREET ADDRESS 1704 SHOREVIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME MORRISON, SONIA
STREET ADDRESS 11260 DROCKTON PL.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☒ Change ☐ Addition
NAME BEASLEY SONIA
STREET ADDRESS 11260 BROCKTON PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32257

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE R. PLANKEY 2/2/00 (904) 757-4509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)