

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90103 009 ****61.25

DOCUMENT # 706182

1. Entity Name

JACKSONVILLE HARMONY CHORUS, INC.

Principal Place of Business

P. O. BOX 24464
 JACKSONVILLE FL 32217

Mailing Address

P. O. BOX 24464
 JACKSONVILLE FL 32217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6166251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOOCH, ANN
1704 SHOREVIEW DR
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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

TITLE **DP** ☒ Delete
 NAME **NEDURPT, 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 **D** ☒ Delete
 NAME **VEECH, MABEL**
 STREET ADDRESS **11474 HALETHORPE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

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

TITLE **D** ☒ Delete
 NAME **BEASLEY, SONIA**
 STREET ADDRESS **11265 BROCKTON PLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
 NAME **Elizabeth Green**
 STREET ADDRESS **937 East Coast Drive**
 CITY-ST-ZIP **Atlantic Beach, FL 32223**

TITLE **D** ☒ Change ☐ Addition
 NAME **Anne Plankey**
 STREET ADDRESS **Address Same**
 CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
 NAME **Elizabeth Ryder**
 STREET ADDRESS **4083 Sunbeam Rd. #603**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** ☒ Change ☐ Addition
 NAME **Pam Otis**
 STREET ADDRESS **Address Same**
 CITY-ST-ZIP

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **Barbara Teitelman**
 STREET ADDRESS **9190 Spindletree Way**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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: *ANN PLANKEY* **ANN PLANKEY** *5/21/01* **5/21/01** *(904) 757-4509* **(904) 757-4509**

CR2E037 (10/00)