

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90307 026 \*\*\*\*61.25

**DOCUMENT # 706182**

1. Entity Name

**JACKSONVILLE HARMONY CHORUS, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 24464  
 JACKSONVILLE FL 32217

P. O. BOX 24464  
 JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**GOOCH, ANN**  
**1704 SHOREVIEW DR**  
**JACKSONVILLE FL 32218**

DE

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 **DP** ☒ Delete  
 NAME **GREEN, ELIZABETH**  
 STREET ADDRESS **937 EAST COAST DRIVE**  
 CITY-ST-ZIP **ATLANTIC BEACH FL 32223**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **BETH SCHULTZ**  
 STREET ADDRESS **153 BILBAO DRIVE**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

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

TITLE **DT** ☐ Change ☒ Addition  
 NAME **JANE CAMPEDELLI**  
 STREET ADDRESS **10239 SHOREVIEW DRIVE SOUTH**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **DT** ☐ Delete  
 NAME **RYDER, ELIZABETH**  
 STREET ADDRESS **4083 SUNBEAM RD., #603**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☒ Change ☐ Addition  
 NAME **ELIZABETH RYDER**  
 STREET ADDRESS **ADDRESS SAME**  
 CITY-ST-ZIP

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

TITLE **SD** ☐ Change ☒ Addition  
 NAME **MARY ROSE**  
 STREET ADDRESS **816 SAWYER RUN LANE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

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

TITLE **SD** ☐ Delete  
 NAME **TEITELMAN, BARBARA**  
 STREET ADDRESS **9190 SPINDLETREE WAY**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☒ Change ☐ Addition  
 NAME **BARBARA TEITELMAN**  
 STREET ADDRESS **ADDRESS SAME**  
 CITY-ST-ZIP

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:

**ELIZABETH E. RYDER**

5/1/02

904-786-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)