2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90065 025 ****61.25

DOCUMENT # 706182

1. Entity Name
JACKSONVILLE HARMONY CHORUS, INC.

24051326

Principal Place of Business	Mailing Address
P. O. BOX 24464 JACKSONVILLE, FL 32217	P. O. BOX 24464 JACKSONVILLE, FL 32217

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 24464 Suite, Apt. #, etc.
City & State	JACKSONVILLE, FL
Zip / Country	Zip 32241 / Country US

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	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHULZ, BETH 153 BILBAD DRIVE SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAGGERTY, KATHLEEN 2356 JADESTONE CT JACKSONVILLE, FL 32246	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CAMPEDELLI, JANE 10239 SHOREVIEW DRIVE SOUTH JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ANDERSON, SHELLEY 1817 OLIVE CT ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYDER, ELIZABETH 4083 SUNBEAM RD., #603 JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICAN, SARAH J. 1469 BELLESHORE CIR. JACKSONVILLE, FL 32218	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSE, MARY 816 SAWYER RUN LANE PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, CARLA 7271 EAGLES PERCH DR JACKSONVILLE, FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOCH, ANN 1704 SHOREVIEW DR JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JINRIGHT, HELEN 3641 CHAFFEE ROAD S JACKSONVILLE, FL 32221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEITELMAN, BARBARA 9190 SPINDLETREE WAY JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kathleen Haggerty KATHLEEN HAGGERTY PRESIDENT 4/14/04 (904)350-1609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #