

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-28-2006 90136 026 ****61.25

DOCUMENT # 706182

1. Entity Name

JACKSONVILLE HARMONY CHORUS, INC.



Principal Place of Business

P. O. BOX 24464
JACKSONVILLE FL 32241

Mailing Address

P. O. BOX 24464
JACKSONVILLE FL 32241

66003700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 DP ☐ Delete
NAME HICE, SHERRY K
STREET ADDRESS 11640 RIDE WAY
CITY- ST- ZIP JACKSONVILLE FL 32223

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

TITLE DT ☐ Delete
NAME JINRIGHT, HELEN
STREET ADDRESS 3641 CHAFFEE ROAD SOUTH
CITY- ST- ZIP JACKSONVILLE FL 32221

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

TITLE DS- ☒ Delete
NAME VANZANDT, TRICIA
STREET ADDRESS 11256 SOUTHTON PLACE
CITY- ST- ZIP JACKSONVILLE FL 32257

TITLE DS- ☒ Change ☐ Addition
NAME Hendrix, Vonnice
STREET ADDRESS 4240 Oakley Drive
CITY- ST- ZIP Jacksonville FL 32246

TITLE D ☐ Delete
NAME BICAN, SARAH J
STREET ADDRESS 1469 BELLESHORE CIR
CITY- ST- ZIP JACKSONVILLE FL 32218

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 D ☐ Delete
NAME ROSE, MARY
STREET ADDRESS 816 SAWYER RUN LANE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Helen Jinright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

(904) 783-2733

Daytime Phone #