

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706182

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE HARMONY CHORUS, INC.

**Current Principal Place of Business:**

P. O. BOX 24464  
JACKSONVILLE, FL 32241

**New Principal Place of Business:**

**Current Mailing Address:**

1312 ALVIS RD  
JACKSONVILLE, FL 32220

**New Mailing Address:**

**FEI Number:** 59-6166251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOOCH, ANN  
1704 SHOREVIEW DR  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HICE, SHERRY K  
Address: 11640 RIDE WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT ( ) Delete  
Name: JINRIGHT, HELEN  
Address: 1312 ALVIS RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: RUSSO, JACKIE  
Address: 11906 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: SHEA, JUDY  
Address: 1572 PALM AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: GOOCH, ANN  
Address: 1704 SHOREVIEW DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ROSE, MARY  
Address: 816 SAWYER RUN LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BICAN, SARAH J  
Address: 1469 BELLESHORE CIR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN JINRIGHT

DT

03/17/2009

Electronic Signature of Signing Officer or Director

Date