

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90562 008 ****70.00

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**

43006414



☐ CHECK HERE IF MAKING CHANGES

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SCHULZ, BETH**
STREET ADDRESS **153 BILBAD DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 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:

Jane Campedelli
JANE CAMPEDELLI

1/15/03

904-751-1057

CR2E037 (10/02)