

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

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

04-21-2003 90496 009 ****70.00

DOCUMENT # 734503

1. Entity Name
MESSIAH CHORAL SOCIETY, INC.



Principal Place of Business
**P.O. BOX 3496
WINTER PARK FL 32790-3496
US**

Mailing Address
**P.O. BOX 3496
WINTER PARK FL 32790-3496
US**

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 **59-1702013**

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

**BLOSCHE, FRED C JR
110 VALLEY CIRCLE
LONGWOOD FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **TURNER, KEITH S**
STREET ADDRESS **385 DUBSDREAD CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **VD** ☐ Delete
NAME **STONEROCK, ROBERT F JR**
STREET ADDRESS **1306 WOODLAND STREET**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **SD** ☐ Delete
NAME **MCELROY, PATRICIA**
STREET ADDRESS **2900 OAK LANE**
CITY-ST-ZIP **FERN PARK FL 32730**

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

TITLE **TD** ☒ Delete
NAME **BLOSCHE, FRED**
STREET ADDRESS **110 VALLY CIR**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **MAYVILLE, WILLIAM C**
STREET ADDRESS **9205 SAN AMBROSIO DR**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **BLACK, PRISCILLA**
STREET ADDRESS **595 MENDOZA DR**
CITY-ST-ZIP **ORLANDO FL 32825**

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: *[Signature]* **NATURE REQUIRED**

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CR2E037 (10/02)