

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90372 049 \*\*\*\*\*61.25

**DOCUMENT # 735593**

1. Entity Name

**THE TEAGUE CHORAL BOOSTERS, INC.**



Principal Place of Business

**1350 MCNEIL RD  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address

**1350 MCNEIL RD.  
ALTAMONTE SPRINGS FL 32714  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**DAWN, FARCASI  
1350 MCNEIL RD.  
ALTAMONTE SPRINGS FL 32714**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	FARACASI, DAWN	1350 MCNEIL RD.	ALTAMONTE SPGS FL 32714				
PD	HALL, KIM	490 WEKIVA COVE RD	LONGWOOD FL 32779	PD	BRIA, JOANN	233 STEVENAGE DR.	LONGWOOD, FL 32779
TD	GREEN, KATHIE	361 KAPOK CT	LONGWOOD FL 32779				
SD	KLEIN, MILDRED	1010 PACES CIR #212	APOPKA FL 32703	SD	MC MANUS, JOAN	202 BRISTOL PT.	LONGWOOD, FL 32779

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]*

4/26/03 (407) 320-1469

CR2E037 (10/02)