

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 736258 (5)
 1. Corporation Name
THE SARASOTA BOYS' CHOIR ASSOCIATION, INC.

95 MAY -1 AM 9:20

Principal Place of Business 4466 FRUITVILLE RD SARASOTA FL 34232	Mailing Address 4466 FRUITVILLE RD SARASOTA FL 34232
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1714532	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 119.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
24	29

9. Name and Address of Current Registered Agent
ROHR JULIA W.
4466 FRUITVILLE ROAD
SARASOTA FL 34232

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE #	P	1.1 TITLE	PRES
NAME	CHIDSEY SUSAN	1.2 NAME	MARCILLE KURTZ
STREET ADDRESS	1696 PINE HARRIER CR	1.3 STREET ADDRESS	5569 BRIAR CREEK RD
CITY - ST - ZIP	SARASOTA FL 34231	1.4 CITY - ST - ZIP	SARASOTA FL 34235
TITLE	VP	2.1 TITLE	VP
NAME	KURTZ, MARCILLE	2.2 NAME	JEANNE CONNOR
STREET ADDRESS	5569 BRIAR CREEK RD	2.3 STREET ADDRESS	3924 HOLENE ST
CITY - ST - ZIP	SARASOTA FL 34235	2.4 CITY - ST - ZIP	SARASOTA FL
TITLE	S	3.1 TITLE	S
NAME	CONNOR, JEANIE	3.2 NAME	CINDY HART
STREET ADDRESS	3924 HOLENE ST	3.3 STREET ADDRESS	2528 WILKINSON CR
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	SARASOTA FL 34231
TITLE	D	4.1 TITLE	D
NAME	GRINDAL, BETH	4.2 NAME	BETH GRINDAL
STREET ADDRESS	915 SIRUS TR.	4.3 STREET ADDRESS	915 SIRUS TR
CITY - ST - ZIP	SARASOTA FL 34232	4.4 CITY - ST - ZIP	SARASOTA FL 34231
TITLE	D	5.1 TITLE	D TREAS
NAME	LONG, IRENE	5.2 NAME	IRENE W. LONG
STREET ADDRESS	2633 REGATTA DR	5.3 STREET ADDRESS	2633 REGATTA DR
CITY - ST - ZIP	SARASOTA FL 34231	5.4 CITY - ST - ZIP	SARASOTA FL 34231
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene W. Long Treasurer Irene W Long 4-18-95 813 - 944-2882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR