2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742980

FILED Jun 22, 2004 Secretary of State

Entity Name: LAKE BRANTLEY CHORAL BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

991 SAND LAKE RD

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

991 SAND LAKE RD

ALTAMONTE SPRINGS, FL 32714

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

DOUCE, TED 991 SAND LAKE RD ALTAMONTE SPRINGS, FL 32714 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete LACHTARA, TINA ROSS, CINDY Name: Name: 1 ORANGEWOOD CT Address: Address:

2967 AUTUMNWOOD TRAIL City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

Title: SD () Delete Title: (X) Change () Addition Name: THOMAS, SUSAN Name: THOMAS, SUSAN

Address: 100 HARROGATE COURT Address: 100 HARROGATE COURT City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: () Change () Addition

WEISSTEIN, SANDY Name: Name: 154 ACADEMY OAKS PL Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

Title: TD Title: ST (X) Change () Addition () Delete

Name: KRUSE, CAROL Name: SPENCER, BETSY 141 HOLDERNESS DRIVE Address: Address: 193 HOLDERNESS DR City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: (X) Change () Addition

KRUSE, CAROL WEISSTEIN, SANDY Name: Name: 141 HOLDERNESS DR. 154 ACADEMY OAKS PLACE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDY WEISSTEIN PD 06/22/2004