

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 744153

1. Entity Name
FORT WALTON BEACH COMMUNITY CHORUS, INC.



Principal Place of Business
**539 POCAHONTAS DR.
P O BOX 2221
FT WALTON BCH., FL 32549**

Mailing Address
**539 POCAHONTAS DR.
P O BOX 2221
FT WALTON BCH., FL 32549**



01152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1955428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HODGINS, JEAN M.
539 POCAHONTAS DR.
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BARKER, GENE G
STREET ADDRESS	45 NE BEAL PKWY.
CITY-ST-ZIP	FT WALTON BCH., FL 00000,
TITLE	D
NAME	LINDEGREN, CECILE K.
STREET ADDRESS	206 VICKI LEIGH DR.
CITY-ST-ZIP	FT WALTON BCH., FL 00000,
TITLE	D
NAME	HODGINS, JEAN M.
STREET ADDRESS	539 POCAHONTAS DR.
CITY-ST-ZIP	FT WALTON BCH. FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000535096
01/23/07-80025-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gene G. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 850-244-5121
Date Daytime Phone #