

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
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



01232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BARKER, GENE G
45 NE BEAL PKWY.
FT WALTON BCH., FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINDEGREN, CECILE K.
206 VICKI LEIGH DR.
FT WALTON BCH., FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HODGINS, JEAN M.
539 POCAHONTAS DR.
FT WALTON BCH. FL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000808866
02/07/08-80065-013 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

1/25/08
Date

850-244-5121
Daytime Phone #