

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748348 (0)

1. Corporation Name
BEL CANTO SINGERS, INC.



Principal Place of Business: 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543
Mailing Address: 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543

3. Date Incorporated or Qualified: 08/02/1979
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1954899	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGERS, JUDSON 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROGERS, JUDSON 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD CARTER, LYN 1010 NORTH SWALLOW TAIL PORT ORANGE FL 32119	2.1 TITLE	PD Anne Miller Sollien
NAME		2.2 NAME	435 W. Wisconsin Ave
STREET ADDRESS		2.3 STREET ADDRESS	DeLand, FL 32730
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD FAVIS, GREG 173 UNIVERSITY CIRCLE ORMOND BEACH FL 32176	3.1 TITLE	VD Cynthia Hansen Cara
NAME		3.2 NAME	449 W. Rich Avenue
STREET ADDRESS		3.3 STREET ADDRESS	DeLand, FL 32730
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T GILLIAM, ERMA 1128 BARBARA DRIVE DAYTONA BEACH FL 32117	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S LENEAVE, CAROL 5819 SPRUCE CREEK WOODS PORT ORANGE FL 32127	5.1 TITLE	S Carter, Lynn
NAME		5.2 NAME	1010 N. Swallow Tail Dr #405
STREET ADDRESS		5.3 STREET ADDRESS	Port Orange, FL 32119
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	S SINGER, JOSEPHINE 410 AUBURN DRIVE #8 DAYTONA BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(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: *Judson Rogers* _____ Date: Jan. 19, 1996 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Judson Rogers, Director

CR2E037 (12/95)