

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748348 (0)**

1. Corporation Name  
**BEL CANTO SINGERS, INC.**



Principal Place of Business <b>918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543</b>	Mailing Address <b>918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543</b>
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3. Date Incorporated or Qualified  
**08/02/1979**

4. FEI Number  
**59-1954899**

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**ROGERS, JUDSON  
918 PINEAPPLE ROAD  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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: *Judson Rogers* **2-12-98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, JUDSON</b>	1.2 NAME	
STREET ADDRESS	<b>918 PINEAPPLE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANNE MILLER SOLLIEN</b>	2.2 NAME	
STREET ADDRESS	<b>435 W. WISCONSIN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CYNTHIA HANSEN CARA</b>	3.2 NAME	
STREET ADDRESS	<b>449 W. RICH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIAM, ERMA</b>	4.2 NAME	
STREET ADDRESS	<b>1128 BARBARA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32117</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, LYNN</b>	5.2 NAME	
STREET ADDRESS	<b>1010 N. SWALLOW TAIL DR., #405</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, JOSEPHINE</b>	6.2 NAME	
STREET ADDRESS	<b>410 AUBURN DRIVE #8</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **2-12-98**

CR2E037 (1097)