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03-01-1999 90120 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 748348

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

134676 90120 44



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/02/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1954899	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JUDSON	1.2 NAME	
STREET ADDRESS	918 PINEAPPLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE MILLER SOLLIEN	2.2 NAME	DAN HUGUELY
STREET ADDRESS	435 W. WISCONSIN AVE.	2.3 STREET ADDRESS	1105 MORGAN ROAD
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA HANSEN CARA	3.2 NAME	CYNTHIA HANSEN CARA
STREET ADDRESS	449 W. RICH AVENUE	3.3 STREET ADDRESS	449 W. RICH AVENUE
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DELAND FL 32720
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIAM, ERMA	4.2 NAME	WM G. S. BROWN
STREET ADDRESS	1128 BARBARA DRIVE	4.3 STREET ADDRESS	100 FERNWOOD CIRCLE
CITY-ST-ZIP	DAYTONA BEACH FL 32117	4.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, LYNN	5.2 NAME	CAROL LENEAVE
STREET ADDRESS	1010 N. SWALLOW TAIL DR., #405	5.3 STREET ADDRESS	5819 SPRUCE CREEK WOODS DR.
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	PORT ORANGE FL 32169
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, JOSEPHINE	6.2 NAME	BARBARA C. LIES
STREET ADDRESS	410 AUBURN DRIVE #8	6.3 STREET ADDRESS	4320 SEA MIST DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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, with all other like empowered.

SIGNATURE: *Judson Rogers* SIGNATURE REQUIRED *Judson Rogers* 1-4-99 (904) 646-2364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)