


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 038 ****61.25

DOCUMENT # 748348			
1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1954899		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

34031263



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGERS, JUDSON 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JUDSON 918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUHM, GERALD D 1060 RED MAPLE COURT NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D'AVY, TIM <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF BUNKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 SLEEPY HOLLOW DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONCURE, PETE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN BIGGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6071 SABAL HAMMOCK CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL, LENLEAVE <input type="checkbox"/> Delete 5819 SPRUCE CREEK WOODS DR. PORT ORANGE FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEHEAD, KATHY <input type="checkbox"/> Delete 71 OCEAN WAY DRIVE PONCE INLET FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Judson Rogers - Judson Rogers 3-17-04 (386)767-2268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #