2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740E90

FILED Mar 23, 2005 8:00 am Secretary of State 03-23-2005 90224 001 ****61.25

386 - 788 - 041/ Daytime Phone #

1. Entity Name DAYTONA BEACH CHORAL SOCIETY, INC.								03	3-23-200	05 90224 ()02 ****	5.00
Principal Place of Business P. O. BOX 1005 DAYTONA BEACH, FL 32115 US				Mailing Address P. O. BOX 1005 DAYTONA BEACH, FL 32115 US					:	: . · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business 3. N				Mailing Address								
Suite, Apt. #, etc.			Suil	Suite, Apt. #, etc.				00000005	ng-NP	•	37 (10/03)	
City & State			City & State					4. FEI Number			A	pplied For
Zip Country			Zip	Zip C				59-200489 5. Certificate of Sta	·	d 🔲	\$8.75 Ad	
6. Name and Address of Current			t Registered	Registered Agent			7. Name and Address of New Registered Agent					·
ZIMMEDM		Name ANNE			M. STEWARD							
ZIMMERMANN, LEWIS H 650 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL 32168							Street Address (P.O. Box Number is Not Acceptable) 6505 5 HA HA B LANE					
E STATE OF THE STA					!							
Charles (÷.			City PORT ORANGE FL Zip Coo					128
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 Count M Steward 3/1/05												
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 9. Election Campaign Due by May 1, 2005 Trust Fund Contrib								\$5.00 May Be. Added to Fees	<u>በበሥ</u> ታ	Make chec lorida Depa	k payable t	1
10.		OFFICERS AND D	DIRECTORS		11.		Δ	ADDITIONS/CHANGE				
TITLE	PD			Delete	TITLE						Change	Addition
NAME STREET ADORESS	NAME ZIMMERMANN, LEWIS STREET ADDRESS 650 MIDDLEBURY LOOP			NAMI Stre			12	PON PASTERNAK 123 CYPRESS POND ROAD				
CITY-ST-ZIP		RNA BEACH, FL 32	168		ST-ZIP	PORT ORANGE, FL 32/28						
TITLE	TD			⊠ Delete	TITLE		TID			1	Change Change	Addition
NAME STREET ADDRESS	WYLIE, RONALD 31 BRYAN CAVE RD				ET ADDRESS	6	ANNE M. STEWARD					
CITY+ST-ZIP		A BEACH, FL 32119			ST-ZIP	PORT DRANGE, FR 32178						
TITLE	SD ANCLETO	N. DODIE		⊠ Delete	TITLE		5/0 -	DORIS-DENE		,	Change Change	☐ Addition
NAME STREET ADDRESS	I	ON, DORIS ORDFISH LN			NAME	ET ADDRESS	2	r BERKLEY	e Ro			
CITY-ST-ZIP	EDGEWA	TER, FL 32141			CITY-	SI-ZIP		RMAND BEA		3217	6	
TITLE				Delete	TITLE		D				Change	Addition
NAME STREET ADDRESS		•			NAME	: Et address		VE JOHNSON 29 HILL ROC		E		
CITY-ST-ZIP					CITY-	ST-ZIP		ORT ORANG			7	
TITLE				☐ Delete	TIFLE		D	RILYN MAR	•		☐ Change	Addition
NAME STREET ADDRESS					NAME STREE	ET ADORESS	12/1	R DEEP WOOD	SWAY			
CITY-ST-ZIP						SI-ZIP	Op	B DEEP WOOD MAND BEA	CH FL	32/72		
TITLE				Delete	TITLE					!	☐ Change	Addition
NAME STREET ADDRESS		•	•		NAME	ET ADORESS	'				•	
CITY-ST-ZIP						ST-ZIP				1		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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