2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90220 002 ****61.25 **DOCUMENT # 749589** DAYTONA BEACH CHORAL SOCIETY, INC. · 50002839 Principal Place of Business Mailing Address P. O. BOX 1005 P. O. BOX 1005 DAYTONA BEACH, FL 32115 DAYTONA BEACH, FL 32115 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 02232006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2004897 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWARD, ANNE M 6505 SHAHAB LANE Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE, FL 32128 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PASTERNAK, RON NAME STREET ADDRESS 123 CYPRESS POND RD STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32128 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STEWARD, ANNE M NAME STREET ADDRESS 6505 SHAHAB LANE STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32128 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEITER, DORIS NAME STREET ADDRESS 22 BERKELY RD STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-7JP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, SUE NAME NAME STREET ADDRESS 929 MILL ROAD LANE STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MARTIN, MARILYN NAME STREET ADDRESS 148 DEEP WOODS HWY STREET ADDRESS CITY-ST-ZIE ORMOND BEACH, FL 32173 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

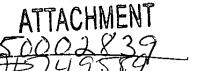
Viewas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED



entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

			yannang ganan	***************************************		
Registered	Agent	Signature	1//	1. Mr.	(1014081)	
registered	'igeni	Signature	1. com		and work	

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD			
Name (Last, First, Middle, Title)	PASTERNAK RON			
- OR -				
Entity Name to serve as Officer/Director				
Street Address	123 CYPRESS POND RD			
City, State	PORT ORANGE , FL			
Zip Code & Country	32128			
Title	TD			
Name (Last, First, Middle, Title)	STEWARD ,ANNE ,M ,			
- OR -	,			
Entity Name to serve as Officer/Director				
Street Address	6505 SHAHAB LANE			
City, State	PORT ORANGE , FL			
Zip Code & Country	32128			
Title	SD			
Name (Last, First, Middle, Title)	DEITER ,DORIS ,			
- OR -				
Entity Name to serve as Officer/Director				
Street Address	22 BERKELY RD			
City, State	ORMOND BEACH , FL			
Zip Code & Country	32176			
Title	D			

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Name (Last, First, Middle, Title)	JOHNSON , SUE ,
- OR - Entity Name to serve as Officer/Director	
Street Address	929 MILL ROAD LANE
City, State	PORT ORANGE , FL
Zip Code & Country	32127
Title	D
Name (Last, First, Middle, Title)	MARTIN , MARILYN ,
- OR -	·
Entity Name to serve as Officer/Director	
	The state of the s
Street Address	148 DEEP WOODS HWY ORMOND BEACH FL
City, State	ORMOND BEACH , FL
Zip Code & Country	32173
Zip Code & Country Title	DVP.
•	DVP.
Title	Same of the same state of the same of the same state of the same s
Title Name (Last, First, Middle, Title)	DVP LARSEN BONNIE ,
Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as	DVP LARSEN BONNIE , ,
Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as Officer/Director	DVP LARSEN BONNIE ,
Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as Officer/Director Street Address	DVP.

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

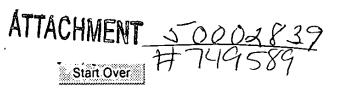
TREASURER

Officer/Director Signature Cerne on Steware

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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ATTACHMENT 50002839 Division of Corporations



Annual Report

DAYTONA	Document N 749589 Business Entit BEACH CHOI		, INC.	
FEI Number		2004897		
FEI Number Status	•	Listed Above O	Applied For O	Not Applicable
Certificate of Status Desired	0	Yes © No. \$8.7	5 each	
Election Campaign Financing Trust Fun				
Pri	ncipal Place	of Business		
Address	P. O. BOX 1005			
Suite, Apt. #, etc.		ad ka kii ili ili ili a ma'aana kaa a kaa a kii kayi kii kii kiyi		
City, State	DAYTONA BEA	CH , fr	EL	
Zip Code & Country	32115 US	3		
	Mailing Ad	ldress		
Address	P. O. BOX 1005			
Suite, Apt. #, etc.		aannanamaanaa y	:	
City, State	DAYTONA BEA	CH , F	EL.	
Zip Code & Country	32115 US) 		
Name and	d Address of	Registered Ag	gent	
Name (Last, First, Middle, Title)	STEWARD	ANNE	,[M ,]	
- OR -	,		*****************************	
Business to serve as RA				
Address (PO Box is not acceptabl	e) 6505 SHAHAB	LANE		
Suite, Apt. #, etc.	I			
City, State	PORT ORANG	GE ,	FL	
Zip Code & Country	32128 _L	10		

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business