


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90220 002 ****61.25

DOCUMENT # 749589 1. Entity Name DAYTONA BEACH CHORAL SOCIETY, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2004897	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEWART, ANNE M 6505 SHAHAB LANE PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PASTERNAK, RON 123 CYPRESS POND RD PORT ORANGE, FL 32128 <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	TD STEWART, ANNE M 6505 SHAHAB LANE PORT ORANGE, FL 32128 <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	SD DEITER, DORIS 22 BERKELY RD ORMOND BEACH, FL 32176 <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	D JOHNSON, SUE 929 MILL ROAD LANE PORT ORANGE, FL 32127 <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	D MARTIN, MARILYN 148 DEEP WOODS HWY ORMOND BEACH, FL 32173 <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	<input type="checkbox"/> Delete		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 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.					
SIGNATURE: <i>Anne M Stewart</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/13/06 788-0411 <small>Date Daytime Phone #</small>		

50002839



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50002839
#5749589

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

Registered Agent Signature*Anne M Stewart*

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)

STEWART

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

ATTACHMENT

50002839
#749589

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

Street Address

148 DEEP WOODS HWY

City, State

ORMOND BEACH

FL

Zip Code & Country

32173

Title

DVP

Name (Last, First, Middle, Title)

LARSEN

BONNIE

- OR -

Entity Name to serve as
Officer/Director

Street Address

3711 LONGFORD CIRCLE

City, State

ORMOND BEACH

FL

Zip Code & Country

32174

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

Carmel M. Steward

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
#749589

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Annual Report Help



ATTACHMENT
50002839
Division of Corporations

Annual Report[Annual Report Help](#)

Document Number

749589

Business Entity Name

DAYTONA BEACH CHORAL SOCIETY, INC.

FEI Number

592004897

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

P. O. BOX 1005

Suite, Apt. #, etc.

City, State

DAYTONA BEACH

FL

Zip Code & Country

32115

US

Mailing Address

Address

P. O. BOX 1005

Suite, Apt. #, etc.

City, State

DAYTONA BEACH

FL

Zip Code & Country

32115

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

STEWARD

ANNE

M

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

6505 SHAHAB LANE

Suite, Apt. #, etc.

City, State

PORT ORANGE

, FL

Zip Code & Country

32128

US

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