

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**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**



02152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2004897**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEWART, ANNE M  
6505 SHAHAB LANE  
PORT ORANGE, FL 32128**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PASTERNAK, RON  
STREET ADDRESS 123 CYPRESS POND RD  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE TD  
NAME STEWARD, ANNE M  
STREET ADDRESS 6505 SHAHAB LANE  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE SD  
NAME DEITER, DORIS  
STREET ADDRESS 22 BERKELY RD  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D  
NAME JOHNSON, SUE  
STREET ADDRESS 929 MILL ROAD LANE  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D  
NAME MARTIN, MARILYN  
STREET ADDRESS 148 DEEP WOODS HWY  
CITY-ST-ZIP ORMOND BEACH, FL 32173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000642171  
03/01/07-80030-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anne M Steward*  
Date **4/5/07** Daytime Phone # **386-788-0411**