

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 036 ****61.25

DOCUMENT # 751250 1. Entity Name THE MASTERWORKS CHORUS OF THE PALM BEACHES, INC.					
Principal Place of Business 125 HARVARD LAKE WORTH, FL 33460			Mailing Address 125 HARVARD LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01062008 Chg-NP CR2E037 (12/06) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 59-1983816 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JONES, DR. JACK W. 125 HARVARD LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD REYNOLDS, SANDY 14115 78TH PLACE N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IRVINE, ANN 1920 PALM BEACH LAKES BLVD. #101 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, MARTY C PO BOX 243 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JACK W 125 HARVARD DRIVE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGNOL, LINDA 47 EDINFUGH DR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, LARSEN 13006 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGNOLUCCI Edinburgh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORGES-LARSEN, ERIC 356 Golfview Road #509 North Palm Beach FL 33408 <input checked="" 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: <u>Marty C Marshall</u> 1/6/08 (561) 547-9865 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					