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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:20

DOCUMENT # 765950 (1)

1. Corporation Name
FORT LAUDERDALE CHRISTIAN CHORALE,INC.

Principal Place of Business	Mailing Address
P.O. BOX 24387 FT. LAUDERDALE FL 33307 US	P.O. BOX 24387 FT. LAUDERDALE FL 33307 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2243330 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SWETS, DIENEKE
170 N.E. 18TH ST
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MUTH, MARGE	1.2 NAME	
STREET ADDRESS	101 E MCNAB RD #126	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	CARILLO, MICHAEL	2.2 NAME	FRITZ, JUDY
STREET ADDRESS	2831 VISTAMAR ST #1	2.3 STREET ADDRESS	140 NE 19th CT E107
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	SWETS, DIENEKE	3.2 NAME	
STREET ADDRESS	170 N.E. 18TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DS ☐ Change ☒ Addition
NAME		4.2 NAME	MAITLAND, BONNIE
STREET ADDRESS		4.3 STREET ADDRESS	2781 NE 37th DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE		5.1 TITLE	DS ☐ Change ☒ Addition
NAME		5.2 NAME	D'ALESSANDRO, STEPHANY
STREET ADDRESS		5.3 STREET ADDRESS	4040 NE 31 AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dieneke Swets 10 March 1995 (305) 782-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIENEKE SWETS

0048008