

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # N00000004651

1. Entity Name
THE ORANGE PARK CHORALE, INC.



Principal Place of Business
**2107 FOXWOOD COURT
ORANGE PARK, FL 32073**

Mailing Address
**2107 FOXWOOD COURT
ORANGE PARK, FL 32073**



03102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3609922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPLIN, BROOKE
2107 FOXWOOD COURT
ORANGE PARK, FL 32073**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VC
BREIDENSTEIN, KATHY
1240 CREEK BEND ROAD
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GRAF, RICHARD
13081 HARBORTON DR
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ROWLEY, SUE
1611 CANOPY OAKS DRIVE
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CC
SZKODY, AMY
4830 WINDRUSH LANE
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PHILLIPS, DAVID
1654 PINECREST DR
ORANGE PARK, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEE, STEVE
5552 GREENLAND ROAD
JACKSONVILLE, FL 32258**

U00000857212
03/31/08-80005-004 61.25

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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:

Sue Rowley **Sue Rowley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treasurer*

Date

Daytime Phone #

3/9/08

904-214-9768