

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91619 023 ****61.25

DOCUMENT # N00000007092

1. Entity Name

CHRISTIAN CHORAL ARTS ENSEMBLE, INC.

Principal Place of Business

Mailing Address

~~212 SKYLAND DR~~ **4218 Poley Lane**
~~LAKELAND FL 33813~~ **Lakeland, FL**
33811

~~212 SKYLAND DR~~ **4218 Poley Lane**
~~LAKELAND FL 33813~~ **Lakeland, FL**
33811

2. Principal Place of Business

3. Mailing Address

4218 Poley Lane
Suite, Apt. #, etc.
Lakeland, Florida

4218 Poley Lane
Suite, Apt. #, etc.
Lakeland, Florida

City & State
33811 USA

City & State
33811 USA

Zip Country

Zip Country

4. FEI Number
59-3617177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSTON ANDERSON, KENNETH

~~212 SKYLAND DR~~ **4218 Poley Lane**
~~LAKELAND FL 33813~~ **Lakeland, FL 33811**

Name
KATHARINE CORBIN

Street Address (P.O. Box Number is Not Acceptable)

4218 Poley Lane

City **Lakeland, FL** Zip Code **33811**

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.

SIGNATURE **Katharine Corbin**

(NOTE: Registered Agent signature required when reinstating)

DATE

April 16, 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON ANDERSON, KENNETH	
STREET ADDRESS	212 SKYLAND DR 293 Forrestway Dr.	
CITY-ST-ZIP	LAKELAND FL 33813 La Fayette, GA. 30728	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIZABETH ANDERSON, LOIS	
STREET ADDRESS	212 SKYLAND DR 293 Forrestway Dr.	
CITY-ST-ZIP	LAKELAND FL 33813 La Fayette, GA 30728	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, KATHARINE ANN	
STREET ADDRESS	4218 POLEY LN	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH WINSTON ANDERSON	
STREET ADDRESS	293 Forrestway Dr.	
CITY-ST-ZIP	La Fayette, GA 30728	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS ELIZABETH ANDERSON	
STREET ADDRESS	293 Forrestway Dr.	
CITY-ST-ZIP	La Fayette, GA 30728	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHARINE ANN CORBIN	
STREET ADDRESS	4218 POLEY LANE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Katharine Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16 2002 863 644-1400

Date /

Daytime Phone #

CR2E037 (9/01)