

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90118 046 \*\*\*61.25

**DOCUMENT # N00000007092**

1. Entity Name  
**CHRISTIAN CHORAL ARTS ENSEMBLE, INC.**



Principal Place of Business

**4218 POLEY LANE  
LAKELAND FL 33811**

Mailing Address

**4218 POLEY LANE  
LAKELAND FL 33811**

2. Principal Place of Business

**4126 Windchime Lane**

Suite, Apt. #, etc.

3. Mailing Address

**4126 Windchime Lane**

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

Zip

**33811**

Country

City & State

**Lakeland, FL**

Zip

**33811**

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

**CORBIN, KATHERINE  
4218 POLEY LANE  
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name **Katherine Corbin**

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

**4126 Windchime 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Katherine Corbin, Director**

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

(NOTE: Registered Agent signature required when reinstating)

**April 14, 2003**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WINSTON ANDERSON, KENNETH**  
STREET ADDRESS **293 FORRESTWAY DRIVE**  
CITY-ST-ZIP **LA FAYETTE GA 30728**

TITLE **D** ☐ Delete  
NAME **ELIZABETH ANDERSON, LOIS**  
STREET ADDRESS **293 FORRESTWAY DRIVE**  
CITY-ST-ZIP **LA FAYETTE GA 30728**

TITLE **D** ☐ Delete  
NAME **CORBIN, KATHARINE ANN**  
STREET ADDRESS **4218 POLEY LN**  
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4126 Windchime Lane**  
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Katherine Corbin, Director** **April 14, 2003** **863-644-1406**

CR2E037 (10/02)