2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008453

Entity Name: FORT MYERS CHORALE, INCORPORATED.

FILED Jan 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ADWAY AVE ERS, FL 33901					
Current Mailing Address:			New Mailir	New Mailing Address:		
	ADWAY AVE ERS, FL 33901					
FEI Number:	65-1079756	FEI Number Applied For ()	El Number Not Appli	olicable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:		
	KEVIN C MPIA AVE STE DRDA, FL 3395					
The above in the State		ubmits this statement for the purpo	ose of changing it	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electroni	Signature of Registered Agent		Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	:	
Title: Name: Address: City-St-Zip:	D () I RENFROE, JOHI 5360 GLENLIVE FT MYERS, FL	T RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RENFROE, JOHN L 5360 GLENLIVET RD FT MYERS, FL 33907 US		
Title: Name: Address: City-St-Zip:	D () I HELFENSTEIN, A 4350 ORANG GF N FT MYERS, FL	ROVE BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HELFENSTEIN, JERRY 4350 ORANG GROVE BLVD N FT MYERS, FL 33903 US		
Title: Name: Address: City-St-Zip:	D () I HOLLAND, BARE 1100 PONDELLA N FT MYERS, FL	RD #815	Title: Name: Address: City-St-Zip:	T (X) Change () Addition HOLLAND, BARBARA 1100 PONDELLA RD #815 N FT MYERS, FL 33903 US		
Title: Name: Address: City-St-Zip:	D () I HELFENSTEIN, I 4350 ORANGE O N FT MYERS, FL	ROVE BLVD	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HELFENSTEIN, MARY JO 4350 ORANGE GROVE BLVD N FT MYERS, FL 33903		
Title: Name: Address: City-St-Zip:	D () I MCGEE, GERAL 3917 ROGERS S FT MYERS, FL 3	STREET	Title: Name: Address: Citv-St-Zip:	D (X) Change () Addition MCGEE, GERALD 3917 ROGERS STREET FT MYERS. FL 33901 US		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY HELFENSTEIN PRES 01/30/2002

() Delete

KRACMER, ANNE

1453 TREDEGAR DR

FT MYERS, FL 33919

Name:

Address:

City-St-Zip:

(X) Change () Addition

KRACMER, ANNE

1453 TREDEGAR DR

FT MYERS, FL 33919 US

VICTORIA FORREST DIRECTOR 1646 S HERITAGE RD FORT MYERS FL 33919

FRAN THOMAS DIRECTOR 4928 MULLETTE LA ST JAMES CITY FL 33956

SANDRA MATHWIG DIRCTOR 9810 P O BOX 246 EVERGLADES CITY FL 34139