


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 038 ****61.25

DOCUMENT # N00000008453 1. Entity Name FORT MYERS CHORALE, INCORPORATED.					
Principal Place of Business 2800 BROADWAY AVE FORT MYERS, FL 33901			Mailing Address 2800 BROADWAY AVE FORT MYERS, FL 33901		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHIRLEY, KEVIN C 126 E OLYMPIA AVE STE 304 PUNTA GORDA, FL 33950				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RENFROE, JOHN L		NAME	FRANCES O. THOMAS	
STREET ADDRESS	5360 GLENLIVET RD		STREET ADDRESS	4928 MULLETTE LANE	
CITY-ST-ZIP	FT MYERS, FL 33907		CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	PRES <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELFENSTEIN, JERRY		NAME	CAROL GAULT	
STREET ADDRESS	4350 ORANGE GROVE BLVD		STREET ADDRESS	1450 MEDOC LANE	
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLAND, BARBARA		NAME	ROY ENGLER	
STREET ADDRESS	1100 PONDELLA RD #815		STREET ADDRESS	3810 SE 3RD PLACE	
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELFENSTEIN, MARY JO		NAME	SUSAN SCRIBNER	
STREET ADDRESS	4350 ORANGE GROVE BLVD		STREET ADDRESS	3628 ALLA PATCH	
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGEE, GERALD		NAME	BOB WILSON	
STREET ADDRESS	3917 ROGERS STREET		STREET ADDRESS	25120 HARBORSIDE	
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	D <input type="checkbox"/> Delete		TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, ISABEL		NAME	_____	
STREET ADDRESS	3675 BROADWAY		STREET ADDRESS	_____	
CITY-ST-ZIP	FORT MYERS, FL 33901		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: FRANCES O. THOMAS FRANCES O. THOMAS 3-22-04 239-283-1708					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					