

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90003 035 ****61.25

DOCUMENT # N01000003912					
1. Entity Name MIX-N-MATCH CHORUS, INC.					
Principal Place of Business 9 CHEROKEE COURT WEST PALM COAST, FL 32137			Mailing Address 9 CHEROKEE COURT WEST PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3724035	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERHUNE, H 9 CHEROKEE COURT WEST PALM COAST, FL 32137			7. Name and Address of New Registered Agent 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)					
Filing Fee is \$61.25 Due by September 8, 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 PD NAME MONHAHAN, DOROTHY STREET ADDRESS 21 FAIRHILL LN. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE PD NAME KERVEL, ARLENE STREET ADDRESS 26 ST. ANDREWS CT. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KEALY, THOMAS STREET ADDRESS 87 CIMMARON DR. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE VD, CSD NAME JONES, NORMA STREET ADDRESS 51 BEAUFORD LN. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME JONES, NORMA STREET ADDRESS 51 BEAUFORD LN. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE SD NAME DURAND, KAREN STREET ADDRESS 28 CHINIER ST. CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME REINHARDT, RICHARD STREET ADDRESS 14 DEERFIELD COURT CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			77-04 386-446-2752		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD REINHARDT, TREASURER			Date Daytime Phone #		