


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

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
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724035	Applied For Not Applicable
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
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**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERVEL, ARLENE 26 ST. ANDREWS CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCS JONES, NORMA 51 BEAUFORD LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURAND, KAREN 28 CHINER ST PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REINHARDT, RICHARD 14 DEERFIELD COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/05-80127-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Richard S Reinhardt 1-31-05 386-446-275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #