

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90017 003 \*\*\*\*61.25

<b>DOCUMENT # N01000003912</b>					
<b>1. Entity Name</b> MIX-N-MATCH CHORUS, INC.					
<b>Principal Place of Business</b> 9 CHEROKEE COURT WEST PALM COAST, FL 32137			<b>Mailing Address</b> 9 CHEROKEE COURT WEST PALM COAST, FL 32137		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-3724035				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TERHUNE, H 9 CHEROKEE COURT WEST PALM COAST, FL 32137			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD <b>NAME</b> KERVEL, ARLENE <b>STREET ADDRESS</b> 26 ST. ANDREWS CT <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VDCS <b>NAME</b> JONES, NORMA <b>STREET ADDRESS</b> 51 BEAUFORD LN <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> DURAND, KAREN <b>STREET ADDRESS</b> 28 CHINER ST <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> REINHARDT, RICHARD <b>STREET ADDRESS</b> 14 DEERFIELD COURT <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> PD <b>NAME</b> JIM CREIGHTON <b>STREET ADDRESS</b> 7 FORRESTER PLACE <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> ROBERT ROSS <b>STREET ADDRESS</b> 11 WARNER PLACE <b>CITY-ST-ZIP</b> PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 28 CHINER ST. <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> PHILIP MARCUS <b>STREET ADDRESS</b> 15 FENWOOD LANE <b>CITY-ST-ZIP</b> PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Philip Marcus</i> <span style="float: right;">02/01/06 386-445-7584</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					