


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003912</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>

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3724035</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TERHUNE, H  
9 CHEROKEE COURT WEST  
PALM COAST, FL 32137**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 CREGIGHTEN, JIM 7 FORRESTER PLACE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, ROBERT 11 VARNER PL PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURAND, KAREN 28 CHINIER ST PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILIP, MARCUS 15 FENWOOD LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80079-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Philip Marcus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Philip Marcus* 1/12/07 (386) 445-7584  
Date Daytime Phone #