2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N01000004228

Entity Name: SUNCOAST HARMONY CHORUS, INC.

Current Principal Place of Business:

13626 GLAZE BROOK DR
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13626 GLAZE BROOK DR
HUDSON, FL 34667

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDDLE, AMY
13626 GLAZE BROOK DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAPORTE, CINDY L
Address: 14275 BROOKRIDGE BLVD.
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: VPD ( ) Delete
Name: FALKOWSKI, BETTY
Address: 6158 NEW OSPREY PT.
City-St-Zip: SPRING HILL, FL 34607 US

Title: CSD ( ) Delete
Name: BROWN, DEB
Address: 6355 SEBRING ST.
City-St-Zip: WEEKI WACHEE, FL 34607 US

Title: RSD ( ) Delete
Name: CARPER, SUE
Address: 10804 LUSCOMBE CT.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: FMD ( ) Delete
Name: WARRICK, BETTY
Address: 3101 SAW MLL LN
City-St-Zip: SPRING HILL, FL 34606 US

Title: D ( ) Delete
Name: TAYLOR, LINDA
Address: 2316 WATERFALL DR.
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: EISENHARD, RUTH
Address: 7055 CROWN OAKS DR.
City-St-Zip: SPRING HILL, FL 34607 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: RSD (X) Change ( ) Addition
Name: KOSLOSKY, GLORIA`
Address: 6301 SWAN LANE
City-St-Zip: SPRING HILL, FL 34608 US

Title: FMD (X) Change ( ) Addition
Name: FAGERSTROM, NANCY
Address: 8611 INDIES DR.
City-St-Zip: HUDSON, FL 34667 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY FAGERSTROM FMD 04/17/2006

Electronic Signature of Signing Officer or Director — Date