

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005688

FILED
Feb 08, 2009
Secretary of State

Entity Name: CHORUS GROUP ORPHEAS, INC.

Current Principal Place of Business:

1700 DREW ST.
CLEARWATER, FL 33765

New Principal Place of Business:

205 HIBISCUS STREET
TARPON SPRINGS, FL 34689

Current Mailing Address:

2050 KINGFISHER DR.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3437045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAKALIS, ACHILLEAS
2050 KINGFISHER DR.
PALM HARBOR, FL 34683 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: P () Delete
Name: KAKALIS, ACHILLEAS
Address: 2050 KINGFISHER DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: POULOS, RITA
Address: 1432 EXCALIBUR ST.
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: POULOS, CHRIS
Address: 1432 EXCALIBUR STREET
City-St-Zip: HOLIDAY, FL 34690

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S () Change (X) Addition
Name: SKORDILIS, KAY
Address: 217 ATHENS STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify 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: KAY SKORDILIS

SEC.

02/08/2009

Electronic Signature of Signing Officer or Director

Date