2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006502

Entity Name: SOUTH FLORIDA JUBILEE CHORUS, INC.

FILED May 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15101 E. WATERFORD DRIVE 3066 S. OAKLAND FOREST DR.

DAVIE, FL 33331 #901

OAKLAND PARK, FL 33309

Current Mailing Address: New Mailing Address:

15101 E. WATERFORD DRIVE 3066 S. OAKLAND FOREST DR.

DAVIE, FL 33331 #901

OAKLAND PARK, FL 33309

FEI Number: 52-1983136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARGA, BARBARA JACOBS, TERI

15101 E. WATERFORD DRIVE 3066 S. ÓAKLAND FOREST DR.

DAVIE, FL 33331 US #901
OAKLAND PARK, FL 33309 US

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: TERI JACOBS 05/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TCD () Delete Title: TCD (X) Change () Addition

Name: PARGA, BARBARA Name: JACOBS, TERI

Address: 15101 WATERFORD DRIVE Address: 3066 S. OAKLAND FOREST DR., #901

City-St-Zip: DAVIE, FL 33331 City-St-Zip: OAKLAND PARK, FL 33309

Title: FMD () Delete Title: () Change () Addition

 Name:
 MUELLER, MICHELE
 Name:

 Address:
 2232 NW 82ND AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33322
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: O'BRIEN, DEANNE Name: KAY, ELLEN

 Address:
 17711 SW 18TH STREET
 Address:
 11641 SW 50TH STREET

 City-St-Zip:
 MIRAMAR, FL 33029
 City-St-Zip:
 COOPER CITY, FL 33330

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: MICHELE MUELLER FMD 05/15/2009