


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

NO1000006502

03 MAY 15 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # NO1000006502**  
1. Entity Name  
**SOUTH FLORIDA JUBILEE CHORUS, INC.**



Principal Place of Business  
**612 GARDEN COURT  
PLANTATION FL 33317**

Mailing Address  
**612 GARDEN COURT  
PLANTATION FL 33317**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES  
09-09-02 90018 029 \$61.25

4. FEI Number **52-1983136** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
**HUNT, LAURIE  
612 GARDEN COURT  
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Nancy Draper* DATE **4-23-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TCO</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, LAURIE</b>	
STREET ADDRESS	<b>612 GARDEN COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>FMD</b>	<input type="checkbox"/> Delete
NAME	<b>DRAPER, NANCY E</b>	
STREET ADDRESS	<b>10503 NW 5TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAKEFIELD, REGINA</b>	
STREET ADDRESS	<b>1021 MOCKINGBIRD LN #317</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marcy Wiseman</b>	
STREET ADDRESS	<b>251 Jacaranda Dr</b>	
CITY-ST-ZIP	<b>Plantation, FL 33324</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nancy Draper* DATE **4-23-03** DAYTIME PHONE # **954-472-7329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)



**SWEET ADELINES  
INTERNATIONAL**

*... an educational  
organization promoting  
four-part harmony,  
barbershop style,  
for women*

ATTACHMENT  
NO 1000006502  
5503/856

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Loria Poole

Dear Ms. Poole:

Pursuant to your recent conversation with Laurie Hunt, I am enclosing paperwork to renew our incorporation. As you discussed, there is a \$61.25 credit on our account due to an overpayment on 9/9/02 (deposit #090902-90018-029). Therefore I am not enclosing a payment

Would you kindly see that our renewal is processed? Thank you.

*Laurie Hunt*