

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03-11-2002 90078 011 ***61.25
N02000000236

DOCUMENT # **N02000000236**

1. Entity Name

INDIALANTIC CHAMBER SINGERS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

EASTMINSTER PRESBYTERIAN CHURCH

Suite, Apt. #, etc.

106 N. RIVERSIDE DR.

City & State

INDIALANTIC FL

Zip

32903

Country

USA

3. Mailing Address

106 N. RIVERSIDE DR.

Suite, Apt. #, etc.

City & State

INDIALANTIC FL

Zip

32903

Country

USA

4. FEI Number

59-3733650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HAROLD TOM SYLVESTER**

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

2767 VILLAGE PARK DR.

City

MELBOURNE

FL

Zip Code

32934

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.

SIGNATURE

Harold Tom Sylvester

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

(NOTE: Registered Agent signature required when reappointing)

2-25-02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D**
NAME **SYLVESTER, HAROLD TOM**
STREET ADDRESS **2767 VILLAGE PARK DR.**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **V/D**
NAME **MORRISON, CHAD**
STREET ADDRESS **416 EVERVIEW LANE**
CITY-ST-ZIP **MELBOURNE FL 32951**

TITLE **MD/D**
NAME **VOGEDING, DAVID**
STREET ADDRESS **1555 N HWY A1A #302**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **S/D**
NAME **COVAULT, NANCY**
STREET ADDRESS **449 TURTLE CIRCLE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **T/D**
NAME **SCHWEIKERT, DENETTE**
STREET ADDRESS **651 LOGGERSHEAD ISLAND DR.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Tom Sylvester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02

Date

(321) 259-2598

Daytime Phone #

CR2E037B (12/01)