

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90200 048 \*\*\*\*61.25

**DOCUMENT # N02000000236**

1. Entity Name  
**INDIALANTIC CHAMBER SINGERS, INC.**



Principal Place of Business  
**%EASTMINSTER PRESBYTERIAN CHURCH  
106 N RIVERSIDE DR  
INDIALANTIC, FL 32903**

Mailing Address  
**%EASTMINSTER PRESBYTERIAN CHURCH  
106 N RIVERSIDE DR  
INDIALANTIC, FL 32903**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3733650**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**SYLVESTER, HAROLD TOM  
2767 VILLAGE PARK DR  
MELBOURNE, FL 32934**

## 7. Name and Address of New Registered Agent

Name **Charles Morrison**

Street Address (P.O. Box Number is Not Acceptable)  
**416 Riverview Lane**

City **Melbourne Beach**

**FL**

Zip Code  
**32951**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Charles Morrison 26 Apr 2004**

**Filing Fee is \$61.25  
Due by May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SYLVESTER, HAROLD TOM<br>2767 VILLAGE PARK DR<br>MELBOURNE, FL 32934         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MORRISON, CHAD<br>416 RIVERVIEW LN<br>MELBOURNE, FL 32951                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MDD<br>VOGEDING, DAVID<br>1555 N HIGHWAY A1A #302<br>INDIALANTIC, FL 32903         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COVAULT, NANCY<br>449 TURTLE CIR<br>SATELLITE BEACH, FL 32937                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SCHWEIKERT, DENETTE<br>651 LOGGERHEAD ISLAND DR<br>SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THORNBURGH, DIANNE<br>1006 HEATHERWOOD WAY<br>MELBOURNE, FL 32940             | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Morrison, Charles<br>416 Riverview Lane<br>Melbourne, Beach, FL 32951 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Butler, Gordon<br>1103 W Hibiscus Blvd<br>Melbourne, FL 32901         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Covault, Nancy<br>4239 Woodhull Circle<br>Viera, FL 32955             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>Kim Sellers<br>1028 Ashley Avenue<br>Indian Harbour Beach, FL 32937   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Randolph, Elizabeth<br>3960 8th Place<br>Vero Beach, FL 32960          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**Kim Sellers**

**Kim Sellers**

**26 Apr 2004**

**321-917-2166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #