2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90576 022 ****70.00
N02000000236

FILED
May 09, 2005 8:00 A.M.
Secretary of State

DOCUMENT # N02000000236

1. Entity Name
INDIALANTIC CHAMBER SINGERS, INC.

Principal Place of Business	Mailing Address
%EASTMINISTER PRESBYTERIAN CHURCH 106 N RIVERSIDE DR INDIALANTIC, FL 32903	%EASTMINISTER PRESBYTERIAN CHURCH 106 N RIVERSIDE DR INDIALANTIC, FL 32903

03132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MORRISON, CHARLES 416 RIVEVIEW LANE MELBOURNE BEACH, FL 32951	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61:25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRISON, CHARLES 416 RIVEVIEW LANE MELBOURNE BEACH, FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTLER, BORDON 1103 W. HIBISCUS BLVD. MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mahan, Fred 625 Lychee Place Merritt Island, FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MDD VOGEDING, DAVID 1555 N HIGHWAY A1A #302 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COVAULT, NANCY 4239 WOODHALL CIR. ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SELLERS, KIM 1028 ASHLEY AVE. INDIAN HARBOUR BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDOLPH, ELIZABETH 3960 8TH PLACE VERO BEACH, FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 15 Apr 2005 917-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #