2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
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

DO NOT WRITE IN THIS SPACE

04262006 No Chg-NP CR2E037 (11/05)

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

MORRISON, CHARLES
416 RIVEVIEW LANE
MELBOURNE BEACH, FL 32951

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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, 2006

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

U00000549298
05/13/06-80016-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRISON, CHARLES
STREET ADDRESS	416 RIVEVIEW LANE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VD
NAME	MAHAN, FRED
STREET ADDRESS	625 LYCHEE PLACE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MDD
NAME	VOGEDING, DAVID
STREET ADDRESS	1555 N HIGHWAY A1A #302
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	SD
NAME	COVAULT, NANCY
STREET ADDRESS	4239 WOODHALL CIR.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	TD
NAME	SELLERS, KIM
STREET ADDRESS	1028 ASHLEY AVE.
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 26 Apr 2006 321-917-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #