

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 23 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



05022007 Chg-NP CR2E037 (12/06)

**DOCUMENT # N02000002286**

1. Entity Name  
**SOUNDTRAX A CAPPELLA SINGERS, INCORPORATED**



Principal Place of Business  
~~119-D WEYBRIDGE CIR~~  
ROYAL PALM BCH, FL 33411 ✓

Mailing Address  
~~119-D WEYBRIDGE CIR~~  
ROYAL PALM BCH, FL 33411 ✓

2. Principal Place of Business - No P.O. Box #  
**101 Twin Lakes Way**

3. Mailing Address  
**101 Twin Lakes Way**

Suite, Apt. #, etc.

City & State  
**Royal Palm Beach, FL**

City & State  
**Royal Palm Beach, FL**

Zip  
**33411**

Country  
**USA**

Zip  
**33411**

Country  
**USA**

4. FEI Number  
**02-0570402**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MOFFETT, CHERILYN D**  
**119-D WEYBRIDGE CIR**  
**ROYAL PALM BCH, FL 33411**

7. Name and Address of New Registered Agent

Name  
**MOFFETT, CHERILYN D**

Street Address (P.O. Box Number is Not Acceptable)  
**101 Twin Lakes Way**

City  
**Royal Palm Beach**

FL

Zip Code  
**33411**

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 *Cherilyn Moffett* **10/17/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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	DP MOFFETT, CHERILYN D <del>119-D WEYBRIDGE CIR</del> ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOFFETT, CHERILYN D 101 TWIN LAKES WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOFFETT, LARRY <del>150-A WEYBRIDGE CIR</del> ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOFFETT, LARRY 101 TWIN LAKES WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUNARD, JAMES J 145 HEATHERWOOD DR ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700111205887 10/23/07--01024--013 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James J. Kunard* **10/17/07** **561-662-9739**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

10/25/07