2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003665

FILED Mar 26, 2005 Secretary of State

Entity Name: THE ORLANDO CHORALE, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
	NWOOD AVE 9, FL 3280362	73						
Current Mailing Address:				New Mailing Address:				
PO BOX 50 ORLANDO	36968), FL 3285369	68						
FEI Number:	82-0547233	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
PERKINS, JOHN E 5205 OAK ISLAND RD ORLANDO, FL 32809 US				PERKINS, JOHN E 5210 OAK ISLAND RD ORLANDO, FL 32809 US				
The above in the State		submits this statement for the po	ırpose o	f changing it	ts registered o	ffice or registered agent,	or both,	
SIGNATURE: JOHN E. PERKINS					03/26/2005			
	Electror	ic Signature of Registered Age	nt			Date	_	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	D () PERKINS, JOH 5205 OAK ISLA ORLANDO, FL	ND RD		Title: Name: Address: City-St-Zip:	D (X) PERKINS, JOHI 5210 OAK ISLA ORLANDO, FL	ND RD		
Title: Name: Address: City-St-Zip:	D () RUFFER, GRE 16 N GLENWO ORLANDO, FL	OD AVE		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () STARK, PETER 1111 N ORANG ORLANDO, FL	E AVE		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () CROSBY, TINA 1012 WENTWO LONGWOOD, F			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	PATRICK, DÁVÍ	ELD LAKES CIRCLE		
Title: Name: Address: City-St-Zip:		Delete		Title: Name: Address: City-St-Zip:	D () TURELL, SARA 1140 COVEWO MAITLAND, FL	OD TRAIL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. PERKINS 03/26/2005 D