

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003665

FILED
Feb 27, 2008
Secretary of State

Entity Name: THE ORLANDO CHORALE, INC.

Current Principal Place of Business:

1926 CONIFER COURT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

PO BOX 536968
ORLANDO, FL 328536968

New Mailing Address:

FEI Number: 82-0547233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, JOHN E ED
5210 OAK ISLAND ROAD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PERKINS, JOHN E
Address: 5210 OAK ISLAND ROAD
City-St-Zip: ORLANDO, FL 32809

Title: O/D () Delete
Name: SUMMERS, STEPHEN
Address: 1220 MONTANA STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: STARK, PETER G
Address: 1111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: O/D () Delete
Name: MEAD, DEBORAH
Address: 121 ANDREWS ROAD
City-St-Zip: SANFORD, FL 32773

Title: O/D () Delete
Name: PATRICK, DAVID V
Address: 12463 WESTFIELD LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: O/D () Delete
Name: TURELL, SARAH
Address: 1140 COVEWOOD TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROW, JEFF
Address: 1152 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

ED

02/27/2008

Electronic Signature of Signing Officer or Director

Date