

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90075 028 ****61.25

DOCUMENT # N02000004166

1. Entity Name
FIRST COAST CHORUS, INC.



Principal Place of Business

**1140 S MCDUFF AVE
JACKSONVILLE FL 32205**

Mailing Address

**PO BOX 37583
JACKSONVILLE FL 32236**

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANKENSHIP, KIMBERLY ESQ
BLANKENSHIP LAW FIRM PA
1300 MARSH LANDING PARKWAY SUITE 108
JACKSONVILLE BEACH FL 32250**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **CD** ☒ Delete
NAME **PERRAUT, KENNETH A**
STREET ADDRESS **5306 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **CD** ☐ Change ☒ Addition
NAME **PEITCHARD, JOSIAH**
STREET ADDRESS **6169 Chamber CT**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **TD** ☐ Delete
NAME **YOHIM, MARY ANN**
STREET ADDRESS **3937 ANVERS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SAME** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **SD** ☒ Delete
NAME **WHITEMAN, IRENE**
STREET ADDRESS **4301 CONFEDERATE POINT ROAD 235**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SD** ☐ Change ☒ Addition
NAME **PAUL BICKERSTAFF**
STREET ADDRESS **3692 MANDARIN WOODS DR N**
CITY-ST-ZIP **JACKSONVILLE FL 32223 8720**

TITLE **D** ☐ Delete
NAME **JONES, ANDREA**
STREET ADDRESS **3938 JEAN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **SAME** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **D** ☒ Delete
NAME **JONES, WILLIAM**
STREET ADDRESS **922 PHILLIPS ST**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Aaron Solomon**
STREET ADDRESS **6311 Sprinkle Dr N**
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

3/26/03

904-403.4034

CR2E037 (10/02)