

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90024 032 \*\*\*\*61.25

40113263



<b>DOCUMENT # N02000004586</b>	
1. Entity Name IVEYS IMPERIAL MASS CHOIR USA INC	



Principal Place of Business MERYLN J IVEY 2327 18 ST SO ST PETERSBURG, FL 33712	Mailing Address PO BOX 13756 ST PETERSBURG, FL 33733
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 2327-18 <sup>th</sup> St S	Suite, Apt. #, etc. P.O. Box 13756
City & State St. Petersburg Fl	City & State St. Petersburg Fl
Zip 33712	Country Pine Hills

06302008 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0548701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IVEY, MERYLN J 2327 18 ST SOUTH ST PETERSBURG, FL 33712	
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7. Name and Address of New Registered Agent	
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 <i>Meryl J Ivey</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVEY, CONTINA D 2315 SW 29TH WAY APT C GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IVEY, QUALISIA V 2327 18 ST SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, RENE M 2327 18 ST SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO IVEY, MERYLN J 2327 18 ST SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUZ, A PO BOX 13756 ST PETERSBURG, FL 33733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <i>Meryl J Ivey</i>	Date: July 10-08	Daytime Phone #
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