2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # N02000005184 1. Entity Name 04-30-2004 90349 040 \*\*\*\*61.25 THE ORLANDO CHILDREN'S CHORUSES, INC. Principal Place of Business Mailing Address 939 FERNCREEK AVE. P.O. BOX 547395 ORLANDO FL 32803 ORLANDO FL 32854 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 30-0178899 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AROLYN SQUIRE, KIMBERLT O. Box Number is Not Acceptable) 14252 WEYMOUTH RUN ORLANDO FL 32828 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. WINEU CAROUYN APRIL 27 Zool SIGNATURE Signature. Iyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ■ Addition EVANS, SCOTT NAME NAME 939 FERNCREEK AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition JACOBS, IRA M NAME NAME 1844 BACHMAN WAY STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 C!TY - ST - 712 CITY - ST - ZIP -TITLE ☐ Delete TITLE Change ■ Addition MINEAR, CAROLYN NAME MINEAR, CARCLYN 2820 RAPIDAN TRAIL 2820 RAPIDAN TRAIL STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-SY-ZIP CITY-ST-ZIP WINTER PARK, FL TITLE Delete TITLE ☐ Change ☐ Addition SQUIRE, KIMBERLY NAME 14252 WEYMOUTH RUN STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

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