FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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(5)

1. Corporation Name								1			
HIGHLANDS DELTA CHORALE, INC.								ľ			
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						<u> </u>					
Principal Place of Business				Mailing Address				- }	esitibi Att matta tissa Silit Atdit agus Bibil 6		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2706 \$ NICKLAUS DR				2706 S NICKLAUS DR				l	3. Date Incorporated or Qualified		
AVON PARK FL 33825 US				AVON PARK FL 33825 US					04/13/1984		
				00				Ţ	4. FEI Number		pplied For
6 D	Na a T Dunia		- 1	LO. M. W. Add.					59-3011834		ot Applicable
2. Principal P	TRICE OF BUSIN	ess	26	2a. Mailing Address 26					5. Certificate of Status Desired		Additional equired
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution	\$5.00	
City & Stat	e			City & State					7. Is this nonprofit corporation a homeowner	Added t	
23	·		28	28					☐ Yes 🔀 No		
Zip	Country			¬ ' -			Country		8. This corporation owes or has paid the ct		tangible XI No
24 25 9. Name and Address of Current				29 30 30 September 29 September				Personal Property Tax due June 30. Yes XI 10. Name and Address of New Registered Agent			AJ NO
At commonwed and company of the comp							Name				
ABLES, CLIFFORD M., NI						82	Street A	Address (P.O. Box Number is Not Acceptable)			
130 EAST CENTER STREET							- G11001 A	Address (F.O. Dox Intiliber is Not Acceptable)			
SEBRING FL 33870											
						City		FI	85 Zip	Code	
11 Purculant to the provisions of Sections 617 0602 and 617 1609 Florida Statutos #							-named c	ornore			te registered
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abc office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statut 								oration	s board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE											i
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen								equired v			
12.	10	OFFICERS	AND DIREC	TORS DELETE	13.				ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR Change	RS IN 12
NAME	WEED, C	AROL		C) pereie	1					T Algulia	L Aumiton
STREET ADDRESS	5341 LIN						1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING						1.4 CITY-ST-ZIP				
TITLE	SD			☐ DELETE			2.1 TITLE		,	Change	Addition
NAME	KIEHNEF	R, BEATRICE					2.2 NAME				
STREET ADDRESS		NICKLAUS DR					2.3 STREET ADDRESS				
CITY-ST-ZIP	AVON PARK FL						2. 4 CITY - ST - ZIP				
TITLE	PD						3.1 TITLE			☐ Change	☐ Addition
NAME		L, GERTRUDE		3.2 N							
STREET ADDRESS		ILLIGEN RD					ADDRESS				
CITY-ST-ZIP	SEBRING	r r L		DELETE		CITY-S	ST-ZIP			Change	Addition
NAME	CYTITED	MIDE		ביי אנוניוני	4.1 1				•	☐ change	<u> </u>
NAME STREET ADDRESS	SAMMER, MURIEL 201 E CAMPHOR ST					NAME TREET	ADDRESS				
CITY+ST-ZIP	ALIANI BABICEI			4.4 CITY-ST							
TITLE	11701117	1111 1 b		DELETE	5.1 (, ER			Change	Addition
NAME					5.2 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	·					ITY-S	- {	_			[
TITLE				DELETE	6.1 T					Change	Addition
NAME					6.2 N	IAME					
STREET ADDRESS					6.3 S	6.3 STREET ADDRESS					}
I							- 1				I

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.