

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90247 002 \*\*\*\*61.25

DOCUMENT # N02540

1. Corporation Name

HIGHLANDS DELTA CHORALE, INC.

Principal Place of Business

2706 S NICKLAUS DR  
AVON PARK FL 33825  
US

Mailing Address

2706 S NICKLAUS DR  
AVON PARK FL 33825  
US



2. Principal Place of Business

21 2810 Summit Dr  
Suite, Apt. #, etc.

22

23 City & State  
SEBRING FL

24 Zip Country  
33870 U.S.

2a. Mailing Address

26 2810 Summit Dr.  
Suite, Apt. #, etc.

27

28 City & State  
SEBRING FL

29 Zip Country  
33870 U.S.

3. Date Incorporated or Qualified

04/13/1984

4. FEI Number

59-3011834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ABLES, CLIFFORD M., III  
130 EAST CENTER STREET  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name Michael M. Disler  
82 Street Address (P.O. Box Number is Not Acceptable)  
329 S. Commerce Ave  
83  
84 City Sebring FL 85 Zip Code 33870

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael M. Disler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	WEED, CAROL	5341 LIME ST	SEBRING FL	<input checked="" type="checkbox"/>
SD	KIEHNER, BEATRICE	2706 S NICKLAUS DR	AVON PARK FL	<input checked="" type="checkbox"/>
PD	SENGPIEL, GERTRUDE	1904 MULLIGEN RD	SEBRING FL	<input checked="" type="checkbox"/>
D	SAMMER, MURIEL	201 E CAMPHOR ST	AVON PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TD	CARSON, AUDREY	4520 VIVIAN DR	SEBRING FL 33870	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MEYER, DIANA	2810 SUMMIT DR	SEBRING, FL 33870	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	SNYDER, STIRLING	3115 GROVE AVE	AVON PARK, FL 33825	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DIANA K. MEYER 4/15/99 941 314 9051

Date

Daytime Phone #

CR2E037 (11/98)