

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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90006 027 ****61.25

DOCUMENT # N02540

1. Entity Name

HIGHLANDS DELTA CHORALE, INC.



Principal Place of Business

2955 HOLIDAY BEACH DRIVE
AVON PARK FL 33825
US

Mailing Address

2955 HOLIDAY BEACH DRIVE
AVON PARK FL 33825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3011834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISLER, MICHAEL M
329 S. COMMERCE AVE.
SEBRING FL 33870

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
Due By May 1, 2004

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 TD ☐ Delete
NAME CARSON, AUDREY
STREET ADDRESS 4520 VIVIAN DR.
CITY-ST-ZIP SEBRING FL 33872

TITLE PD ☐ Change ☒ Addition
NAME PATRICIA RICCOBONO
STREET ADDRESS 1652 PRIMROSE LANE
CITY-ST-ZIP SEBRING, FL 33872

TITLE VPD ☒ Delete
NAME BIELEFELD, VERNON
STREET ADDRESS 1535 SHAMROCK STREET
CITY-ST-ZIP SEBRING FL 33875

TITLE VPD ☐ Change ☒ Addition
NAME ROY HAMILL
STREET ADDRESS 3815 URBINO ST
CITY-ST-ZIP SEBRING, FL 33872

TITLE D ☒ Delete
NAME BENEDICT, ELAINE
STREET ADDRESS 226 SWALLOW STREET
CITY-ST-ZIP SEBRING FL 33872

TITLE SD ☐ Change ☒ Addition
NAME MARGARET JEFFERSON
STREET ADDRESS 3816 PERUGIA AVE
CITY-ST-ZIP SEBRING, FL 33872

TITLE D ☒ Delete
NAME ROSENBAUM, ALMA
STREET ADDRESS 1004 LAKE SEBRING DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☐ Change ☒ Addition
NAME FRANCES SWOPE
STREET ADDRESS 6124 BAY LANE
CITY-ST-ZIP SEBRING, FL 33876

TITLE SD ☒ Delete
NAME RUNNING, JOY
STREET ADDRESS 2955 HOLIDAY BEACH DRIVE
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Change ☒ Addition
NAME EARL CONRAD
STREET ADDRESS 123 (18) N.E. LAKEVIEW DR.
CITY-ST-ZIP SEBRING, FL 33870

TITLE PD ☒ Delete
NAME BERNARD, CORNETTA
STREET ADDRESS 25 HENDERSON ROAD
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☐ Change ☒ Addition
NAME LEAH GRECKO
STREET ADDRESS 1988 SAWGRASS TRAIL
CITY-ST-ZIP SEBRING, FL 33872

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:

Audrey E. Carson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY E. CARSON

2/5/04

Date

863-382-8864

Daytime Phone #