

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 047 ****61.25

DOCUMENT # N02540 1. Entity Name HIGHLANDS DELTA CHORALE, INC.					
Principal Place of Business 4520 VIVIAN DR SEBRING, FL 33872 US			Mailing Address 4520 VIVIAN DR SEBRING, FL 33872 US		
2. Principal Place of Business - No P.O. Box # 1503 WILLOW DALE Suite, Apt. #, etc.			3. Mailing Address 1503 WILLOW DALE Suite, Apt. #, etc.		
City & State SEBRING FL		City & State SEBRING FL		4. FEI Number 59-3011834	
Zip 33872-1809		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILL, ROY 1503 WILLOW DALE SEBRING, FL 33872-1809				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: ROY HAMILL PRES. <i>Roy Hamill</i> 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRECKO, LEAH 1988 SAWGRASS TRAIL SEBRING, FL 33872 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SWOPE, FRANCES 6124 BAY LANE SEBRING, FL 33876-7491 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICCOBONO, PATRICIA 1652 PRIMROSE LANE SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOM ZANTER 5 VICTORIA LANE LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILL, ROY 1503 WILLOW DALE SEBRING, FL 338721809 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN RAINOY 2131 LAKEVIEW DR SEBRING, FL 33882 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWOPE, FRANCES 6124 BAY LANE SEBRING, FL 33876 <input checked="" type="checkbox"/> Delete <i>CHANGE TO PRES.</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNETTA, BERNARD 25 HENDERSON RD LAKE PLACID, FL 33852 <input checked="" 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 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>Roy Hamill</i> 3/1/07 863 382-1867 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					