

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02540

FILED
Jan 12, 2009
Secretary of State

Entity Name: HIGHLANDS DELTA CHORALE, INC.

Current Principal Place of Business:

1503 WILLOW DALE
SEBRING, FL 33872 US

New Principal Place of Business:

6124 BAY LANE
SEBRING, FL 33876 US

Current Mailing Address:

1503 WILLOW DALE
SEBRING, FL 33872 US

New Mailing Address:

6124 BAY LANE
SEBRING, FL 33876 US

FEI Number: 59-3011834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRECKO, LEAH
2319 PALM KEY COURT
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRECKO, LEAH
Address: 2319 PALM KEY CT
City-St-Zip: SEBRING, FL 33870

Title: P () Delete
Name: SWOPE, FRANCES
Address: 6124 BAY LANE
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: ZENTER, THOM
Address: 5 VICTORIA LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: RAINEY, JOHN
Address: 2131 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES H. SWOPE

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date