

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2009  
Secretary of State**

DOCUMENT# N02540

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