

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005573

FILED
Jan 20, 2009
Secretary of State

Entity Name: MASTER CHORALE OF SOUTH FLORIDA INC.

Current Principal Place of Business:

800 SE 14TH DRIVE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

6278 N FEDERAL HWY
#351
FORT LAUDERDALE, FL 333081916

New Mailing Address:

FEI Number: 74-3096907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, DALE R
800 SE 14TH DRIVE
DEERFIELD BEACH, FL 33441 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: DP () Delete
Name: GLICKMAN, MARK W
Address: 21080 SHADY VISTA LANE
City-St-Zip: BOCA RATON, FL 33428

Title: DT () Delete
Name: WILKERSON, DALE R
Address: 800 SE 14TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DVP () Delete
Name: GATES-LEE, NANCY
Address: 2680 N.E. 47TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DS () Delete
Name: LANHAM, GARY
Address: 1833 N.E. 33RD CT
City-St-Zip: FT. LAUDERDALE, FL 33306

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: DALE WILKERSON

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date