

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90021 048 ****61.25

DOCUMENT # N03000005928

1. Entity Name

SOUNDS OF FLORIDA CHORUS, INC.



Principal Place of Business

3807 PALM TREE BLVD.
CAPE CORAL FL 33904

Mailing Address

3807 PALM TREE BLVD
CAPE CORAL FL 33904

2. Principal Place of Business - No P.O. Box #

United Methodist Church
Suite, Apt. #, etc.
4118 Coronado Parkway
City & State
Cape Coral FL

3. Mailing Address

851 Hollyberry Ct.
Suite, Apt. #, etc.
City & State
North Ft. Myers FL

City & State

Cape Coral FL

Zip

33904

Country

USA

City & State

North Ft. Myers FL

Zip

33917

Country

USA

4. FEI Number

30-0202050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHMOND, ARTHUR W
3807 PALM TREE BLVD.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: Jean M. Devoe
Street Address (P.O. Box Number is Not Acceptable):
851 Hollyberry Ct.
City: N. Ft. Myers FL Zip Code: 33917

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

Jean M. Devoe

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, GEORGINA	
STREET ADDRESS	1216 SW 12TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUSSONG, BECKY	
STREET ADDRESS	1208 SW 49TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RICHMOND, ARTHUR	
STREET ADDRESS	3807 PALM TREE BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHERB, RUTH Secretary	
STREET ADDRESS	131 SW 51ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	Jim Schnell	<input type="checkbox"/> Delete
NAME	5254 Tamiami Ct. President	
STREET ADDRESS	Cape Coral, FL 33904	
CITY-ST-ZIP		
TITLE	Dick Knapik	<input type="checkbox"/> Delete
NAME	22312 SW 54th Lane U.Pres.	
STREET ADDRESS	Cape Coral, FL 33914	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean M. Devoe	
STREET ADDRESS	851 Hollyberry Ct.	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jean M. Devoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08 (239)543-9578