# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2004**
**Secretary of State**

DOCUMENT# N03000008717

**Entity Name:** SHINING WHEEL PAGAN CHORUS, INC.

**Current Principal Place of Business:**

8360 121ST PL. NORTH
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

8360 121ST PL. NORTH
LARGO, FL 33773

**New Mailing Address:**

**FEI Number: 13-4265994** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWLOVE, ANDREW
8360 121ST PL. NORTH
LARGO, FL 33773

**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: | P | ( ) Delete |
| Name: | NEWLOVE, LORI | |
| Address: | 8360 121ST PL. NORTH | |
| City-St-Zip: | LARGO, FL 33773 | |
| Title: | V | ( ) Delete |
| Name: | KIEFNER, JILIAN | |
| Address: | 11363 LONGHILL DR. | |
| City-St-Zip: | PINELLAS PARK, FL 33782 | |
| Title: | ST | ( ) Delete |
| Name: | STEFFENS, MICHELLE | |
| Address: | 1110 WAYRIDGE DR. | |
| City-St-Zip: | MADISON, WI 53704 | |
| Title: | D | ( ) Delete |
| Name: | SEACHRIST, BRIAN | |
| Address: | 1437 ROGERS ST. | |
| City-St-Zip: | CLEARWATER, FL 33756 | |
| Title: | D | ( ) Delete |
| Name: | MORSE, BRIAN | |
| Address: | 8360 121ST PL. NORTH | |
| City-St-Zip: | LARGO, FL 33773 | |
| Title: | D | ( ) Delete |
| Name: | OTERO, AMY | |
| Address: | 910 SPRINGVILLE CT. | |
| City-St-Zip: | TAMPA, FL 33613 | |

**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: | |
| 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 for the exemption stated in Section 119.07(3)(i), 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: LORI NEWLOVE P 04/22/2004

Electronic Signature of Signing Officer or Director — Date