

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010043

FILED
Aug 18, 2004
Secretary of State

Entity Name: PINECREST COMMUNITY CHORALE, INC.

Current Principal Place of Business:

2760 SW 6TH ST
MIAMI, FL 33135

New Principal Place of Business:

10400 SW 57TH AVE.
PINECREST, FL 33156

Current Mailing Address:

2760 SW 6TH ST
MIAMI, FL 33135

New Mailing Address:

10400 SW 57TH AVE.
PINECREST, FL 33156

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, CAROL J
8205 SW 171 TERR
MIAMI, FL 33157 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: PD () Delete
Name: LESTER, TIMOTHY M
Address: 2760 SW 6TH ST
City-St-Zip: MIAMI, FL 33135

Title: VTD () Delete
Name: JENKINS, DIANA
Address: 18443 SW 87TH PL
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: BARRETO, KIM
Address: 4100 SW 102 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LESTER, TIMOTHY M
Address: 8600 SW 133 AVE. RD.
City-St-Zip: MIAMI, FL 33183

Title: VTD (X) Change () Addition
Name: JENKINS, DIANA
Address: 5944 SW 64TH AVE.
City-St-Zip: MIAMI, FL 33143

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: TIMOTHY M. LESTER

PD

08/18/2004

Electronic Signature of Signing Officer or Director

Date