2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002802

FILED Mar 20, 2009 Secretary of State

Entity Name: THE ISLAND CHAMBER SINGERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034 FEI Number: 20-0823007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINDBERG, JANE W 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SISSON, MACK DPH, MH Name: Name: Address: 2739 SEA GROVE LANE Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JENCKS, JEAN Name: Address: 85208 SHINNECOCK HILLS DRIVE Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: () Delete Title: () Change () Addition RUBIN, LAURETTA Name: Name: 6505 SPYGLASS CIRCLE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: () Delete Title: Title: (X) Change () Addition LUNDBORG, PEARL Name: Name: WEBER, JACK Address: 137 SEA MARSH ROAD Address: 896 FOUNTAIN DRIVE City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

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: MACK SISSON DIR 03/20/2009