

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90095 015 ****61.25

DOCUMENT # N04000004485



1. Entity Name
 NORTH FLORIDA WOMEN'S CHORALE, INC.

Principal Place of Business
 504 RUTILE DRIVE
 PONTE VEDRA BEACH, FA 32082

Mailing Address
 504 RUTILE DRIVE
 PONTE VEDRA BEACH, FA 32082

60037586



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
 90-0184443

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, LILA S
 504 RUTILE DRIVE
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 **P** Delete
 NAME ELLIOTT, LILA S
 STREET ADDRESS 504 RUTILE DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE **VP** Delete
 NAME YOUNG, LINDA
 STREET ADDRESS 14386 DEMERY DR. SOUTH
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE **S** Delete
 NAME CARPENTER, BETSY
 STREET ADDRESS 1113 BLUE HERON LANE W.
 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE **T** Delete
 NAME WILLIAMS, SUE
 STREET ADDRESS 4724 KERNAN MILL LANE EAST
 CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *Rebecca MacMillan*
 STREET ADDRESS *4595 Hodge Blvd #404*
 CITY-ST-ZIP *Jacksonville, FL 32224*

TITLE Change Addition
 NAME *ARLYS CRISTE*
 STREET ADDRESS *106 Pablo Point Drive*
 CITY-ST-ZIP *Jacksonville, FL 32225*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 Chapter 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: *Arlys S. Criste* **Arlys S. CRISTE** *5/8/06* **904-220-8732**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #