


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90024 033 \*\*\*\*70.00

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # N04000004485  |  |    |   |
| 1. Entity Name<br>NORTH FLORIDA WOMEN'S CHORALE, INC.  |  |   |   |
| Principal Place of Business<br>504 RUTILE DRIVE<br>PONTE VEDRA BEACH, FA 32082   |  | Mailing Address<br>504 RUTILE DRIVE<br>PONTE VEDRA BEACH, FA 32082  |   |
| 2. Principal Place of Business - No P.O. Box #<br>4460 Hodges Blvd   |  | 3. Mailing Address<br>4460 Hodges Blvd  |   |
| Suite, Apt. #, etc.<br>#1815   |  | Suite, Apt. #, etc.<br>#1815  |   |
| City & State<br>Jacksonville FL  |  | City & State<br>Jacksonville FL   |   |
| Zip<br>32224   | Country<br>DUVAL   | Zip<br>32224  | Country<br>DUVAL  |
| 4. FEI Number<br>90-0184443  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>ELLIOTT, LILAS<br>504 RUTILE DRIVE<br>PONTE VEDRA BEACH, FL 32082   |  | 7. Name and Address of New Registered Agent<br>Name: Rebecca MacMillan<br>Street Address (P.O. Box Number is Not Acceptable): 4460 Hodges Blvd #1815<br>City: Jacksonville FL Zip Code: 32224 |   |
| 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: Rebecca MacMillan   |  | Treasurer   |   |
| Filing Fee is \$61.25 Due by May 1, 2008   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ROGERS, LYNN<br>913 SHIPWATCH DR. E.<br>JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HARPER, ALICE<br>1407 FOREST MARSH DR.<br>NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>FULTON, MARGARET<br>4114 WINDSOR PARK DR. E.<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MACMILLAN, REBECCA<br><del>4096 HODGES BLVD #1815</del><br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4460 Hodges Blvd #1815<br>Jacksonville FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: Rebecca MacMillan   |  | Rebecca MacMillan 1-19-08   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |   |

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