

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004485

FILED
Feb 08, 2009
Secretary of State

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

Current Principal Place of Business:

4460 HODGES BLVD
1815
JACKSONVILLE, FL 32224

New Principal Place of Business:

4114 WINDSOR PK DR E
JACKSONVILLE, FL 32224

Current Mailing Address:

4460 HODGES BLVD
1815
JACKSONVILLE, FL 32224

New Mailing Address:

4114 WINDSOR PK DR E
JACKSONVILLE, FL 32224

FEI Number: 90-0184443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACMILLAN, REBECCA
4460 HODGES BLVD STE 1815
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FULTON, MARGARET
4114 WINDSOR PK DR E
JACKSONVILLE, FL 32224 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: MARGARET FULTON

02/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, LYNN
Address: 913 SHIPWATCH DR. E.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: HARPER, ALICE
Address: 1407 FOREST MARSH DR.
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S () Delete
Name: FULTON, MARGARET
Address: 4114 WINDSOR PARK DR. E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: MACMILLAN, REBECCA
Address: 4460 HODGES BLVD 1815
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MACMILLAN, REBECCA
Address: 4460 HODGES BLVD 1815
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Change () Addition
Name: FULTON, MARGARET
Address: 4114 WINDSOR PK DR E
City-St-Zip: JACKSONVILLE, FL 32224

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: MARGARET FULTON

T

02/08/2009

Electronic Signature of Signing Officer or Director

Date