2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000008861

I FILED Jun 22, 2009 Secretary of State

Entity Name: BREVARD CHILDREN'S CHORUS, INC.

Current Principal Place of Business: New Principal Place of Business:

1110 SUNDAY DRIVE 235 QUAIL DRIVE

ROCKLEDGE, FL 32955 MERRITT ISLAND, FL 32953 US

Current Mailing Address: New Mailing Address:

1110 SUNDAY DRIVE 235 QUAIL DRIVE

ROCKLEDGE, FL 32955 MERRITT ISLAND, FL 32953 US

FEI Number: 20-1638451 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:

MASLIN, SHARON SLAWSON, JOANI 1110 SUNDAY DRIVE 235 QUAIL DRIVE

ROCKLEDGE, FL 32955 US MERRITT ISLAND, FL 32953 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: JOANI SLAWSON 06/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PTD (X) Change () Addition

 Name:
 MASLIN, SHARON
 Name:
 SLAWSON, JOANI

 Address:
 1110 SUNDAY DRIVE
 Address:
 235 QUAIL DRIVE

City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete Title: SD (X) Change () Addition

Name: MASLIN, MARK Name: WILDEN, JOYCE
Address: 1110 SUNDAY DRIVE Address: 959 VILLA DRIVE

City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MELBOURNE, FL 32940 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 KENNEY, TERESA

 Address:
 Address:
 1503 BENT PALM DRIVE

 City-St-Zip:
 City-St-Zip:
 MERRITT ISLAND, FL 32953 US

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: JOANI SLAWSON P 06/22/2009