

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002417

FILED
Apr 21, 2009
Secretary of State

Entity Name: UNA VOCE: THE FLORIDA MEN'S CHORALE, INC.

Current Principal Place of Business:

2803 W BUSCH BLVD
SUITE 112
TAMPA, FL 336184517 US

New Principal Place of Business:

Current Mailing Address:

2803 W BUSCH BLVD
SUITE 112
TAMPA, FL 336184517 US

New Mailing Address:

FEI Number: 20-3837721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, JR., HAROLD L ESQ.
2803 W BUSCH BLVD
SUITE 112
TAMPA, FL 336184517 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BARKER, TOM
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: TD () Delete
Name: HARKINS, HAROLD L JR
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: SD () Delete
Name: HARTMAN, JONATHAN S
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: D () Delete
Name: LEWIS, RICHARD K
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: D () Delete
Name: DENIS, DAVID A
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: DENIS, DAVID
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

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

Title: D VP (X) Change () Addition
Name: HOLT, JR, DONALD B
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 US

Title: D () Change (X) Addition
Name: HARDIN, DAKOTA T
Address: PO BOX 274121
City-St-Zip: TAMPA, FL 336884121 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: HAROLD L. HARKINS, JR.

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04/21/2009

Electronic Signature of Signing Officer or Director

Date