


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90054 005 \*\*\*\*61.25

<b>DOCUMENT # N05000011223</b>	
1. Entity Name <b>PALM HARBOR COMMUNITY CHORUS, INC.</b>	

Principal Place of Business PO BOX 6141 PALM HARBOR, FL 34684	Mailing Address PO BOX 6141 PALM HARBOR, FL 34684
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60002344



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3733259	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLETCHER, SHERI 817 KAREN ST PALM HARBOR, FL 34684		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLER, ILENE <input checked="" type="checkbox"/> Delete 2690 CORAL LANDINGS BLVD #617 PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moynihan, Midge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2984 Mission Drive East Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOYNIHAN, MIDGE <input checked="" type="checkbox"/> Delete 2984 MISSION DRIVE EAST CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Matson, Marge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 610 Hollow Ridge Road Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELDER, GAIL <input type="checkbox"/> Delete 1660 SOUTH FREDERICA AVENUE CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLETCHER, SHERI <input type="checkbox"/> Delete 817 KAREN ST PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 life empowered.

**SIGNATURE:** *Sheri Fletcher* 1/14/07 (727) 799-4840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #