

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90090 024 ****61.25

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1. Entity Name
PALM HARBOR COMMUNITY CHORUS, INC.



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Principal Place of Business
**PO BOX 6141
PALM HARBOR, FL 34684**

Mailing Address
**PO BOX 6141
PALM HARBOR, FL 34684**



2. Principal Place of Business - No P.O. Box #
2289 Hercules Ave N

3. Mailing Address
Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

04242008 Chg-NP CR2E037 (12/06)

Zip
33763-2326

Country

Zip

Country

4. FEI Number
20-3733259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Elder, Gail L.**
Street Address (P.O. Box Number is Not Acceptable)
1660 South Frederica Avenue
City **Clearwater** FL **33756**

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 **Gail L. Elder** **Gail L. Elder** Secretary-Treasurer **4-24-2008**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GALLER, ILENE**
STREET ADDRESS **2690 CORAL LANDINGS BLVD #617**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1124 Lauren Lane, #4203**
CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE **VPD** ☐ Delete
NAME **MOYNIHAN, MIDGE**
STREET ADDRESS **2984 MISSION DRIVE EAST**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ELDER, GAIL**
STREET ADDRESS **1660 SOUTH FREDERICA AVENUE**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **FLETCHER, SHERI**
STREET ADDRESS **817 KAREN ST**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **TD** ☐ Change ☒ Addition
NAME **Elder, Gail**
STREET ADDRESS **1660 South Frederica Avenue**
CITY-ST-ZIP **Clearwater FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Matson, Marge**
STREET ADDRESS **610 Hollow Ridge Road**
CITY-ST-ZIP **Palm Harbor FL 34683**

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: **Gail L. Elder** **Gail L. Elder** 4-24-08 727-518-9837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #