

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011223

FILED
Apr 25, 2009
Secretary of State

Entity Name: PALM HARBOR COMMUNITY CHORUS, INC.

Current Principal Place of Business:

2289 HERCULES AVE. N.
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

PO BOX 6141
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 20-3733259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDER, GAIL L
1660 SOUTH FREDERICA AVE.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

STANFORD, LYNN A
668 BAY COVE DRIVE
TARPON SPRINGS, FL 34689 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: LYNN A STANFORD

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GALLER, ILENE
Address: 1124 LAUREN LANE #4203
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD () Delete
Name: MOYNIHAN, MIDGE
Address: 2984 MISSION DRIVE EAST
City-St-Zip: CLEARWATER, FL 33759

Title: SD () Delete
Name: ELDER, GAIL
Address: 1660 SOUTH FREDERICA AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: ELDER, GAIL
Address: 1660 SOUTH FREDERICA AVE.
City-St-Zip: CLEARWATER, FL 33756

Title: VPD (X) Delete
Name: MATSON, MARGE
Address: 610 HOLLOW RIDGE ROAD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEGNON, DEBBIE
Address: 3227 OAKWOOD PLACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP (X) Change () Addition
Name: BENNETT, KITTY
Address: 1000A DUNROBIN DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: S (X) Change () Addition
Name: STANFORD, LYNN A
Address: 668 BAY COVE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T (X) Change () Addition
Name: ZANK, JUNE
Address: 1340 POWDERPUFF DRIVE #1
City-St-Zip: DUNEDIN, FL 34698

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

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: LYNN A STANFORD

S

04/25/2009

Electronic Signature of Signing Officer or Director

Date