2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N06000010894

Entity Name: CHS CHOIR BOOSTERS, INC.

Current Principal Place of Business:

540 SOUTH HERCULES AVENUE
CHORUS ROOM
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1364 HAMLIN DRIVE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 20-5747501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIADIS, MICHAEL J
1364 HAMLIN DRIVE
CLEARWATER, FL 33764 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:	PRES	( ) Delete
Name:	LIADIS, KATHI	
Address:	1364 HAMLIN DRIVE	
City-St-Zip:	CLEARWATER, FL 33764 US	
Title:	VP	( ) Delete
Name:	COUCH, LYNNE	
Address:	1223 MURRAY AVENUE	
City-St-Zip:	CLEARWATER, FL 33764 US	
Title:	TREA	( ) Delete
Name:	VOULGARES, DEBBIE	
Address:	3029 ROBERTA STREET	
City-St-Zip:	LARGO, FL 33771 US	
Title:	SCTY	( ) Delete
Name:	TOSTEN, SHARON	
Address:	1274 SEMINOLE STREET	
City-St-Zip:	CLEARWATER, FL 33755 US	
Title:	HIST	( ) Delete
Name:	DAIKER, LORI	
Address:	1324 EDEN COURT	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	SA	( ) Delete
Name:	LIADIS, MICHAEL	
Address:	1364 HAMLIN DRIVE	
City-St-Zip:	CLEARWATER, FL 33764 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KATHI LIADIS PRES 04/29/2007

Electronic Signature of Signing Officer or Director — Date