

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011841

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** PRO ARTE CHORALE OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

377 RIDGE RD.  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2032  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 27-1497081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIS, NANCY J  
377 RIDGE RD.  
SANTA ROSA BCH, FL 32459 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  
Name: RICE, PEGGY  
Address: 159 BROOKS ST. SE, #208  
City-St-Zip: FT. WALTON BCH, FL 32548

Title: VD  
Name: WILLIS, NANCY JO  
Address: 377 RIDGE RD.  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: TD  
Name: ERBEN, JULIA  
Address: 108 QUEENS CIR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: SCHNELL, JODY  
Address: 1304 TYNDALL DR.  
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: NANCY JO WILLIS

VD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date