

**2007 NOT-FOR-PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N11616 1. Entity Name INDIAN RIVER CHORAL ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 2801 VERO BEACH, FL 32961	Mailing Address P.O. BOX 2801 VERO BEACH, FL 32961
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2637052	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333 17TH STREET SUITE U VERO BEACH, FL 32960	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STURGIS, PAIGE 995 3RD AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARGETT, APRIL 145 35TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSEN, WILLIAM 115 PRESTWICK CIR VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, SALLY 420 40TH CT SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/07-80029-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: William Andersen WILLIAM ANDERSEN 02/25/07 772-569-2943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #