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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16769** (4)

1. Corporation Name

AMELIA ISLAND CHORALE, INCORPORATED

Principal Place of Business

**435 CITRONA AVE.
FERNANDINA BEACH FL 32034**

Mailing Address

**P.O. BOX 860
FERNANDINA BEACH FL 32035-0860**



3. Date incorporated or Qualified
09/12/1986

3a. Date of Last Report
07/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3035342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADDOCK, DIANE K
2091-B NATURES BEND DRIVE
FERNANDINA BEACH FL 32034**

81 Name **Steve Cavin**

82 Street Address (P.O. Box Number is Not Acceptable)
2328 Sadler Road, 3E

84 City **Fernandina Bch.**

FL

85 Zip Code
32034

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Steve Cavin*
Signature, typed or printed name of registered agent and title if applicable.

Steve Cavin, Treasurer

3/3/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SHORES, NANCY**
STREET ADDRESS **929 S. 17TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **McCall, Early**
1.3 STREET ADDRESS **503 Monterey Street**
1.4 CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **TD** ☒ DELETE
NAME **POWELL, PAM**
STREET ADDRESS **816 STANLEY DRIVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Holliday, Francis**
2.3 STREET ADDRESS **P. O. Box 399 "N/A"**
2.4 CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE **SD** ☒ DELETE
NAME **VOLLENWEIDER, HENRY**
STREET ADDRESS **486 MONTEREY ST.**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Lannon, Jenean**
3.3 STREET ADDRESS **1702 Atlantic Avenue**
3.4 CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Cavin, Steve**
4.3 STREET ADDRESS **2328 Sadler Road, 3E**
4.4 CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Cavin* **Steve Cavin, Treasurer**

3/3/97 904-261-5598
Date Daytime Phone # 0000306

CR2E037 (9/96)