


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 08 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16769 (4)**

1. Corporation Name

**AMELIA ISLAND CHORALE, INCORPORATED**

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified

**09/12/1986**

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVIN, STEVE  
2328 SADLER RD  
3E  
FERNANDINA BCH FL 32034**

81. Name	<b>JAMES A. HILL</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>1717 BROOME ST</b>
83. City	<b>FERNANDINA BCH FL</b>
84. Zip Code	<b>32034</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BO MCCALL, EARLY</b>	1.2 NAME	
STREET ADDRESS	<b>503 MONTEREY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD HOLLIDAY, FRANCIS</b>	2.2 NAME	<b>GIBGRAVES</b>
STREET ADDRESS	<b>P O BOX 399 N/A</b>	2.3 STREET ADDRESS	<b>2057 OAK MARSH DR</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	2.4 CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD LANNON, JENEAN</b>	3.2 NAME	
STREET ADDRESS	<b>1702 ATLANTIC AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD CAVIN, STEVE</b>	4.2 NAME	<b>JAMES A HILL</b>
STREET ADDRESS	<b>2328 SADLER ROAD, 3E</b>	4.3 STREET ADDRESS	<b>1717 BROOME ST.</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	4.4 CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *[Signature]* *[Signature]* *[Signature]*

CR2E037 (10/97)