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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16769

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 374
Suite, Apt. #, etc.

27 City & State

28 FERNANDINA BEACH, FL

Zip

Country

29

320 35-0374 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

HENRY VOLLENWEIDER

82 Street Address (P.O. Box Number is Not Acceptable)

486 MONTEREY ST

83

FERNANDINA BEACH, FL

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCALL, EARLY
STREET ADDRESS 503 MONTEREY ST
CITY-ST-ZIP FERNANDINA BCH FL ☒ DELETE

TITLE VD
NAME GRAVES, GIB
STREET ADDRESS 2057 OAK MARSH DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL ☒ DELETE

TITLE SD
NAME LANNON, JENEAN
STREET ADDRESS 1702 ATLANTIC AVE
CITY-ST-ZIP FERNANDINA BCH FL ☒ DELETE

TITLE TD
NAME HILL, JAMES A
STREET ADDRESS 1717 BROOME STREET
CITY-ST-ZIP FERNANDINA BCH FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HADDOCK, DIANE
1.3 STREET ADDRESS 2091-B NATURAL BEND DR
1.4 CITY-ST-ZIP FERNANDINA BCH FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME LENNON, SHARON
2.3 STREET ADDRESS 1826 OCEAN VILLAGE DR
2.4 CITY-ST-ZIP FERNANDINA BCH FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME WALLACE, BARBARA
3.3 STREET ADDRESS 1949 SPRINGBROOK RD.
3.4 CITY-ST-ZIP FERNANDINA BCH FL

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME VOLLENWEIDER, HENRY
4.3 STREET ADDRESS 486 MONTEREY ST
4.4 CITY-ST-ZIP FERNANDINA BCH FL

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DIANE HADDOCK 1/7/99 (904) 261-7849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2027-11108