## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N16769** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name AMELIA ISLAND CHORALE, INCORPORATED 01-20-2000 90107 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 435 CITRONA AVE. P.O. BOX 374 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32035-0374 605069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3035342 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) VOLLENWELDER, HENRY 486 MONTEREY ST. FERNANDINA BCH FL 32034 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE T Change MARGARET THOMPSON HADDOCK, DIANE NAME NAME 3612 VIA del MAR 2091-8 NATURAEE BEND DR. STREET ADDRESS STREET ADDRESS Fernandina Beach FERNANDINA BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DIANE McGEE LENNON, SHARON NAME NAME 3416 SEA MArsh 1826 OCEAN VILLAGE DR. STREET ADDRESS STREET ADDRESS Anelia dolard, FL 3203 FERNANDINA BEACH FL CITY-ST-ZIP JOHN apriano Addition ☐ Delete TITLE TITLE WALLACE, BARBARA NAME 4 Buckthorn 1949 SPRINGBROOK RD. STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL CITY-ST-ZIP CITY-ST-ZIE TITLE Change Change ☐ Addition TITLE ☐ Delete VOLLENWEIDER, HENRY NAME NAME 486 MONTEREY ST. 451 Beachcide Place STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-241-87