FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N17909** **(5)**

1. Corporation Name
KEY CHORALE, INC.

Principal Place of Business	Mailing Address
P O BOX 20613 SARASOTA FL 34276	P O BOX 20613 SARASOTA FL 34276

3. Date Incorporated or Qualified: **11/21/1986**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **59-2779200** ☐ 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

SHAW, MARILYN P.
5564 BENEVA WOODS CIRCLE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name: Beverly J. Crawford
82 Street Address (P.O. Box Number is Not Acceptable): 5146 Lancewood Drive
83:
84 City: Sarasota **FL** 85 Zip Code: 34232

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: Beverly J. Crawford DATE: 3/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	WARD, ANGELA		1.2 NAME	Lowery, Lois	
STREET ADDRESS	2214 WEST LOCKWOOD LAKE CIR		1.3 STREET ADDRESS	3239 Golden Eagle Lane	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTLEY, BETTY		2.2 NAME		
STREET ADDRESS	4271 OAKHURST CIRCLE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUMBAUGH, JOHN		3.2 NAME		
STREET ADDRESS	219 WHISPERING OAKS CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, BEVERLY		4.2 NAME		
STREET ADDRESS	5146 LANCEWOOD DR #5		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SHAW, MARILYN		5.2 NAME	Julie Magenheim	
STREET ADDRESS	5564 BENEVA WOODS CR		5.3 STREET ADDRESS	4900 Ocean Blvd., #503	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GORDON, RUTH		6.2 NAME	Richard Storm	
STREET ADDRESS	3170 BAYOU SOUND		6.3 STREET ADDRESS	5136 Sun Circle	
CITY-ST-ZIP	LONGBOAT KEY FL		6.4 CITY-ST-ZIP	Sarasota, FL 34234	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Beverly J. Crawford, Treasurer 3/26/96 941/951-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #