

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20021 (4)

1. Corporation Name

FLORIDA BOYCHOIR INCORPORATED

Principal Place of Business

7100 142ND AVE NORTH  
LARGO FL 33771

Mailing Address

7100 142ND AVE NORTH  
LARGO FL 33771

(moved)

2. Principal Place of Business

21 19215 Crescent Rd

Suite, Apt. #, etc.

22

2a. Mailing Address

26 19215 Crescent Rd

Suite, Apt. #, etc.

27

City & State

23 Odessa

Zip 33556

Country USA

24

City & State

28 Odessa

Zip 33556

Country USA

29

30

9. Name and Address of Current Registered Agent

COLLAR, BRIAN L  
10763 64TH COURT NORTH  
PINELLAS PARK FL 33782

moved

81 Name

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

19208 Crescent Rd

83

City

Odessa FL

FL

85

Zip Code 33556

3. Date Incorporated or Qualified

04/07/1987

4. FEI Number

59-2832880

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

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

9/28/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME COLLAR, BRIAN L ~~D, P, S~~

STREET ADDRESS 10763 64TH COURT

CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☒ DELETE

NAME DAVID, RAY

STREET ADDRESS 2228 RIVERSIDE DR. N.

CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☒ DELETE

NAME MITCHELL, WAYNE

STREET ADDRESS 39 SUNSET BAY DR

CITY-ST-ZIP BELLEAIR FL 34616

TITLE ☒ DELETE

NAME NARRON, SANDY ~~D, VT~~

STREET ADDRESS 11534 LOWE RD

CITY-ST-ZIP LARGO FL 33774

TITLE ☒ DELETE

NAME MCKENNA, JAMES

STREET ADDRESS 6010 109 SCOTCHWOOD GLEN

CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME KINSLER, SCOTT

STREET ADDRESS 2081 TANGLEWOOD NE

CITY-ST-ZIP ST. PETERSBURG FL 33703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 300002699093-4

1.3 STREET ADDRESS -12/01/98-01061-034

1.4 CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/28/98 (813) 920-7663

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

