

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24520

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: CHORAL MASTERWORKS FESTIVAL, INC.

**Current Principal Place of Business:**

4202 EAST FOWLER AVE  
TAMPA, FL 33620

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20591  
TAMPA, FL 336220591

**New Mailing Address:**

30382 USF HOLLY DRIVE  
TAMPA, FL 336203038

FEI Number: 59-2877120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKS, ROBERT B ESQ  
14259 SHEARWATER COURT  
CLEARWATER, FL 337623042 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HECK, JAMES,  
Address: 12912 TERRACE SPRINGS DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33612

Title: PC ( ) Delete  
Name: GARRETT, TATE A  
Address: 210 HESPERIDES ST.  
City-St-Zip: TAMPA, FL 33609

Title: C ( ) Delete  
Name: KELLER, WILLIAM E  
Address: 1 HSN DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33729

Title: VC ( ) Delete  
Name: RUCKMAN, LYNDIA  
Address: 1052 EDEN ISLE DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: PC ( ) Delete  
Name: HICKS, ROBERT B ESQ.  
Address: 14259 SHEARWATER COURT  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: STARKEY, J. B.  
Address: 14015 POINTE ANNE DR.  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: KELLER, WILLIAM E  
Address: 606 BOSPHOROUS AVE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. KELLER

C

01/29/2008

Electronic Signature of Signing Officer or Director

Date