

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # N31169

1. Entity Name
THE TALLAHASSEE COMMUNITY CHORUS, INC.



Principal Place of Business
**P O BOX 13083
TALLAHASSEE, FL 32317-3083 US**

Mailing Address
**P O BOX 13083
TALLAHASSEE, FL 32317-3083 US**



04192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3019819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STINSON, DONNA H
215 SOUTH MONROE ST.
SUITE 400
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000326472
04/23/05-80058-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD D'ANNUNZIO, BARBARA 2994 GOLDEN EAGLE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, ANDRE 3232 CONSTELLATION CT. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STINSON, DONNA H 215 S. MONROE ST., STE. 400 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RYAN, LANVE 749 W ST AUGUSTINE STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: DT Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 (850) 81-6810
Date Daytime Phone #