## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 01, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N31926 DAST CHORALE, INC.					05-01-2008	90203 015 ***	*61.25
Principal Place of Business 721 POINCIANA DR GULF BREEZE, FL 32561 US  Mailing Address P. O. BOX 382 GULF BREEZE, FL 32562			2562 US					* **
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2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address				NIS BERNY BÉRNY BYRAY BYRAY B	B. .   B. B.     B.    1.   B.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212008	Chg-NP	CR2E037 (12/	(06)
City & State		City & State		4. FEI Numbe 59-2955			Applied For Not Applicable	
Zip Country		Zip Coun			5. Certificate of Status Desi		□ \$8.75	5 Additional aguired
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	Address of New	Registered Agent	rquired
CKOMB E	ALILINA."		Nan	ne	•			
SKOMP, PAULI M 721 POINCIANA DR GULF BREEZE, FL .32561				Street Address (P.O. Box Number is Not Acceptable)				
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3			City	fL '				
the obligat	enamed entity submits this statement litions of registered agent.	for the purpose of changing it	ts registered offic	ce or register	red agent, or botl	n, in the State of F	Florida. I am familiar	with, and accept
SIGNATURE								
l at	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent s	signature required	d when reinstating)		DATE	
	Filling Fee is \$61.25  Due by May 1, 2008	9. Election Ca	OTE: Registered Agent s 		\$5.00 May Be Added to Fees	<b>,</b> ,	Make check paya	
10.	Filing Fée is \$61.25	9. Election Ca Trust Fund	ampaign Financii	ng	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make check paya	of State
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D	9. Election Ca Trust Fund	ampaign Financir Contribution.	ng	\$5.00 May Be Added to Fees ADDITIONS/CHA	FIG ANGES TO OFFIC	Make check paya orida Department ERS AND DIRECTO	of State RS IN 10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  VPD CAUGHMAN-HENRIQUES, MA	9. Election Ca Trust Fund	ampaign Financii Contribution.  11.  TITLE  NAME	ng	\$5.00 May Be Added to Fees ADDITIONS/CHA	FIG ANGES TO OFFIC	Make check paya orida Department ERS AND DIRECTO	of State RS IN 10
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r nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

LIME SHAPE OF DIRECTOR