

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31926

FILED
Apr 21, 2011
Secretary of State

Entity Name: GULF COAST CHORALE, INC.

Current Principal Place of Business:

721 POINCIANA DR
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 382
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-2955494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOMP, PAULI M
721 POINCIANA DR
GULF BREEZE, FL 32561 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
Name: LEE, DISA
Address: 2027 COPLEY DR.
City-St-Zip: PENSACOLA, FL 32503

Title: TD
Name: SKOMP, PAULI M
Address: 721 POINCIANA DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: TD
Name: COBB, BRANDON
Address: 1616 E. BRAINERD ST.
City-St-Zip: PENSACOLA, FL 32503

Title: PD
Name: FROMMELL, ROBERT
Address: 5340 SUSSEX LANE
City-St-Zip: PACE, FL 32571

Title: D
Name: ORTIZ, ROBERT
Address: 932 CORONADO DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: BRAGWELL, BILL
Address: 2900 EAST JACKSON STREET
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: PAULI M. SKOMP

TD

04/21/2011

Electronic Signature of Signing Officer or Director

Date