

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 036 ****61.25

DOCUMENT # N32400

1. Entity Name
THE CHARLOTTE CHORALE, INC.



Principal Place of Business
P.O. BOX 494451
PORT CHARLOTTE, FL 33949-4451

Mailing Address
P.O. BOX 494451
PORT CHARLOTTE, FL 33949-4451

50000266



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0205461

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEER, NANCY J
508 PORT BENDRES DRIVE
PUNTA GORDA, FL 33950

Name

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

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KAMINSKA, VIRDERIE
STREET ADDRESS 3041 CLIFFORD ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE CS ☒ Change ☐ Addition
NAME Ellen Childs
STREET ADDRESS 3701 Baynard Dr. J6
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE V ☐ Delete
NAME IHRIE, PAT
STREET ADDRESS 25556 HERITAGE LAND BLVD
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D ☐ Change ☒ Addition
NAME Joyce Caine
STREET ADDRESS 100 Hibiscus Dr.
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE SD ☐ Delete
NAME GENSEMER, NETA
STREET ADDRESS 61 SABAL DR
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Change ☒ Addition
NAME Georgia Buxton
STREET ADDRESS 3830 Bal Harbor Blvd.
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE TD ☐ Delete
NAME SCHEER, NANCY
STREET ADDRESS 508 PORT BENDRES DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☒ Delete
NAME GEBEL, ARLENE
STREET ADDRESS 636 HAWAII COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME COTTEN, ROSE
STREET ADDRESS 2415 ST DAVIDS ISLAND COURT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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:

Nancy J. Scheer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07 941-575-7634