

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36730 (2)

1. Corporation Name

THE WILLIS BODINE CHORALE, INC.

Principal Place of Business

Mailing Address

3838 S.W. 4TH PLACE
GAINESVILLE FL 32607

3838 S.W. 4TH PLACE
GAINESVILLE FL 32607



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/20/1990

3a. Date of Last Report
04/27/1995

4. FEI Number

59-2912026

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

BODINE, WILLIS
3838 SW 4TH PLACE
GAINESVILLE FL 32607

81 Name

BODINE, ANNA H.

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

3838 SW 4TH PLACE

83

GAINESVILLE,

84 City

FL

85

Zip Code
32607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Anna H. Bodine

ANNA H. BODINE, EXECUTIVE DIRECTOR

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SCHILLING, JULIE	2020 SW 79TH DR	GAINESVILLE FL	<input checked="" type="checkbox"/>
T	LARSEN, SANDRA	2225 NW 19 LANE	GAINESVILLE FL	<input checked="" type="checkbox"/>
VD	VOWELL, DAVID	3927 NW 20TH DR	GAINESVILLE FL	<input checked="" type="checkbox"/>
CS	CRISMAN, JOAN	3010 NW 9 TH ST	GAINESVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	VOWELL, DAVID	3927 NW 20TH DRIVE	GAINESVILLE, FL 32605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JERNIGAN, BILL	3225 NW 29TH AVENUE	GAINESVILLE, FL 32605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	THOMSON, GRACE	3732 NW 20TH PLACE	GAINESVILLE, FL 32605	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL JERNIGAN, TREASURER (352)395-0056

Date

Daytime Phone #

CR2E037 (12/95)

4-22-96