

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1990** 3a. Date of Last Report **04/22/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21**

**26 P.O. Box 90073**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**28 Gainesville, FL**

Zip

Country

Zip

Country

**24**

**25**

**29 32607**

**30 Alachua**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BODINE, ANNA H  
3838 SW 4TH PLACE  
GAINESVILLE FL 32607**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **VOWELL, DAVID**  
STREET ADDRESS **3927 NW 20TH DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

1.1 TITLE **President PD** ☒ Change ☐ Addition  
1.2 NAME **Gary Miller**  
1.3 STREET ADDRESS **2601 N.W. 16th Ave.**  
1.4 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **TD** ☒ DELETE  
NAME **JERNIGAN, BILL**  
STREET ADDRESS **3225 NW 20TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

2.1 TITLE **Treasurer PD** ☒ Change ☐ Addition  
2.2 NAME **Rita Henderson**  
2.3 STREET ADDRESS **2628 N.W. 66th Terr.**  
2.4 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **VD** ☐ DELETE  
NAME **THOMSON, GRACE**  
STREET ADDRESS **3732 NW 20TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

3.1 TITLE **V. President Recording Sec.** ☐ Change ☒ Addition  
3.2 NAME **Lawrence Napley**  
3.3 STREET ADDRESS **6735 NW 36th Dr.**  
3.4 CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **CS** ☒ DELETE  
NAME **CRISMAN, JOAN**  
STREET ADDRESS **3010 NW 9 TH ST**  
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **Corresp. Sec. CS** ☒ Change ☐ Addition  
4.2 NAME **Julie Schilling**  
4.3 STREET ADDRESS **2020 SW 79th Drive**  
4.4 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (4/97)