

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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**

**P.O. BOX 90073  
GAINESVILLE FL 32607**



|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  |                     |

3. Date Incorporated or Qualified

**02/20/1990**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

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

**Lawrence C. Hartley**

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

**6725 NW 36th Dr.**

83

84 City

**Gainesville**

**FL**

85 Zip Code

**32653-0889**

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

*Lawrence C. Hartley*

(NOTE: Registered Agent signature required when reinstating)

**1/13/98**  
DATE

| 12. OFFICERS AND DIRECTORS |                             |  |
|----------------------------|-----------------------------|--|
| TITLE                      | PD                          | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MILLER, GARY</b>         |  |
| STREET ADDRESS             | <b>2801 NW 16TH AVE</b>     |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32605</b> |  |
| TITLE                      | T                           | <input type="checkbox"/> DELETE            |
| NAME                       | <b>HENDERSON, RITA</b>      |  |
| STREET ADDRESS             | <b>2628 NW 86TH TERR.</b>   |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32606</b> |  |
| TITLE                      | VD                          | <input type="checkbox"/> DELETE            |
| NAME                       | <b>THOMSON, GRACE</b>       |  |
| STREET ADDRESS             | <b>3732 NW 20TH PLACE</b>   |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32605</b> |  |
| TITLE                      | SD                          | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>HEATLEY, LAWRENCE</b>    |  |
| STREET ADDRESS             | <b>6725 NW 36TH DR.</b>     |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32653</b> |  |
| TITLE                      | CS                          | <input type="checkbox"/> DELETE            |
| NAME                       | <b>SCHILLING, JULIE</b>     |  |
| STREET ADDRESS             | <b>2020 SW 79TH DR.</b>     |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32607</b> |  |
| TITLE                      |                             | <input type="checkbox"/> DELETE            |
| NAME                       |                             |  |
| STREET ADDRESS             |                             |  |
| CITY-ST-ZIP                |                             |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |  |
|---|--------------------------|--|
| 1.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                          |  |
| 1.3 STREET ADDRESS                                    |                          |  |
| 1.4 CITY-ST-ZIP                                       |                          |  |
| 2.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                          |  |
| 2.3 STREET ADDRESS                                    |                          |  |
| 2.4 CITY-ST-ZIP                                       |                          |  |
| 3.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |                          |  |
| 3.3 STREET ADDRESS                                    |                          |  |
| 3.4 CITY-ST-ZIP                                       |                          |  |
| 4.1 TITLE   |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | <b>HARTLEY, LAWRENCE</b> |  |
| 4.3 STREET ADDRESS                                    |                          |  |
| 4.4 CITY-ST-ZIP                                       |                          |  |
| 5.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                          |  |
| 5.3 STREET ADDRESS                                    |                          |  |
| 5.4 CITY-ST-ZIP                                       |                          |  |
| 6.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                          |  |
| 6.3 STREET ADDRESS                                    |                          |  |
| 6.4 CITY-ST-ZIP                                       |                          |  |

14. I 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.

SIGNATURE:

*Lawrence C. Hartley* *Lawrence C. Hartley* **1/13/98** **59-2912026**

CR2E037 (1097)