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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37651

1. Corporation Name

TAMPA BAY CHILDRENS'S CHORUS, INC.

Principal Place of Business

407 BILTMORE AVE
UNIVERSITY OF SOUTH FLORIDA
TAMPA FL 33617
US

Mailing Address

407 BILTMORE AVE
UNIVERSITY OF SOUTH FLORIDA
TAMPA FL 33617
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

04/12/1990

4. FEI Number

59-3000938

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

9. Name and Address of Current Registered Agent

EVERILL, SUMMER
407 BILTMORE AVE
DEPT. OF MUSIC
TAMPA FL 33617

10. Name and Address of New Registered Agent

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

TITLE ED
NAME BANKS, MARILYN
STREET ADDRESS 5119 LONGFELLOW
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

TITLE T
NAME LOPEZ, DAWN
STREET ADDRESS 611 MAGNOLIA
CITY-ST-ZIP TAMPA FL 33606 ☒ DELETE

TITLE VD
NAME ANDERSON, KIMBALL
STREET ADDRESS 17816 WILLOW LAKE DR
CITY-ST-ZIP ODESA FL ☒ DELETE

TITLE S
NAME VAUGHN, KAREN
STREET ADDRESS 2805 MANOR HILL DRIVE
CITY-ST-ZIP BRANDON FL 33511 ☒ DELETE

TITLE D
NAME ROWEN, ROB
STREET ADDRESS 720 S. DALE MABRY AVE
CITY-ST-ZIP TAMPA FL 33605 ☒ DELETE

TITLE D
NAME CISSNA, KENNETH P
STREET ADDRESS 6833 QUAIL HOLLOW BLVD
CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 (813) 988-8936
Date Daytime Phone #

CR2E037 (11/98)