2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

PO BOX 273750

TAMPA FL 33688

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # N37651

1. Entity Name

Principal Place of Business

2. Principal Place of Business

5414 BURCHETTE ROAD

Suite, Apt. #, etc.

AVERILL, SUMMER

5414 BURCHETTE ROAD TAMPA FL 33647

City & State

Zip

TAMPA FL 33647

TAMPA BAY CHILDRENS'S CHORUS, INC.

Country

6. Name and Address of Current Registered Agent

|--|

Country

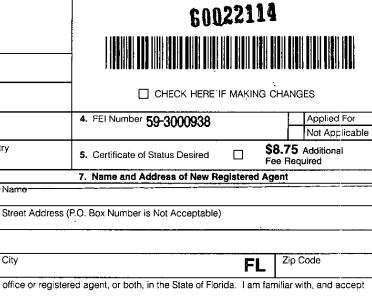
Name

City

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90134 037 ****61.25

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the obligations of registered agent. 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							
The state of the s							
		9. Election Campa Trust Fund Con			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CP JOHNSON, DARLENE	☐ Delete	TITLE NAME		☐ Chan	ge Addition	
STREET ADDRESS CITY-ST-ZIP	12307 KELLY LANE THONOTOSASSA FL 33592		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	VC NAYLE, SARAH 8306 S. MACDILL AVENUE	🗶 Delete	TITLE NAME STREET ADDRESS		☐ Char	ge 🗶 Addition	
CITY-ST-ZIP	TAMPA FL 33611		· CiTY-ST-ZIP: 🔩	مېزىيە دارا يەزەمىياسىيەن . رايېتىدە	المنافعة والمنافعة المنافعة ال	ا جنوب	
TITLE	D Averill, Summer	☐ Delete	TITLE		Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP	5414 BURCHETTE ROAD TAMPA FL 33647		NAME Street address City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAC DONALD, ROXANNE 17213 TIFFANY SHORES DRIVE LUTZ FL 33549	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERDUE, SHAFON 1218 BEACON HIL TAMPA, FL 33	LDRIVE 3613	ge 💢 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JANE 2807 W BUSCH BLVD STE 202 TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREWS, JAN	♥ Chan	ge 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CHARLES, SANDRA 16010 PENWOOD DRIVE TAMPA FL 33647	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNN NOVERO 4416 W. ESTRELL TAMPA, FL	□ Chan A 33629	ge 🗖 Addition	

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 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:

EXECUTED TREASURER

8132054726