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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90288 037 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000000355

1. Corporation Name

SUNCOAST CHORALE, INC.

Principal Place of Business

895 S INDIANA
STE 104
ENGLEWOOD FL 34223
US

Mailing Address

895 S INDIANA
STE 104
ENGLEWOOD FL 34223
US

540219- 90288 - 37



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0432964

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

DOTSON, SYDNEY M
30 BUNKER CT
ROTONDA WEST FL 33947

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

(NOTE: Registered Agent signature required when reinstating)

5-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME COLLINS, SPEIR
STREET ADDRESS 1087 HOOVER CIRCLE
CITY-ST-ZIP NOKOMIS FL 34278

TITLE VPD ☒ DELETE
NAME BEHLKE, FRED
STREET ADDRESS 7288 ELBAST
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE S ☒ DELETE
NAME PASKE, HARRIET
STREET ADDRESS 1624 LISCOURT DR
CITY-ST-ZIP VENICE FL 34292

TITLE DT ☒ DELETE
NAME CHURMA, GEORGE E
STREET ADDRESS 175 ANNAPOLIS LANE
CITY-ST-ZIP ROTONDA WEST FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME BROWER, JOE
1.3 STREET ADDRESS 19 SPORTSMAN ROAD
1.4 CITY-ST-ZIP ROTONDA FL 33947

2.1 TITLE VP/D ☒ Change ☐ Addition
2.2 NAME DOTSON, SYDNEY
2.3 STREET ADDRESS 30 BUNKER COURT
2.4 CITY-ST-ZIP ROTONDA FL 33947

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME BONAMER, SUSAN
3.3 STREET ADDRESS 3124 ARGYLE ROAD
3.4 CITY-ST-ZIP VENICE FL 34293

4.1 TITLE T/D ☒ Change ☐ Addition
4.2 NAME STOLFA, FRANK
4.3 STREET ADDRESS 9961 EAGLE PRESERVE DRIVE
4.4 CITY-ST-ZIP ENGLEWOOD FL 34224

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Frank J. Stolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

941-697-8892

Date

Daytime Phone #

CR2E037 (11/98)