2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9300000355  1. Entity Name  SUNCOAST CHORALE, INC.					Secretary	Secretary of State 02-11-2004 90001 027 ****61.25		
	•			100				
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
7220 BRANDY WINE DR. ENGLEWOOD FL 34224 US		7220 BRANDY WINE DR. ENGLEWOOD FL 34224 US						
			•				111 II III,	
· _		3. Mailing Address 30 Bunker Ct.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)				
City & State	nda W. Fl	Rotontale.	Fl		4. FEI Number 65-0432964	<b></b>	olied For Applicable	
zip 3394	Country	Zip 33947	Country US A	<b>T</b>	5. Certificate of Status Desired	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
DOT	-		Aneu-M-,-b) 0 t5c	. <del>N</del>				
30 BUNKER CT ROTONDA WEST FL 33947			7	30 5	Bunker Ct.			
			City Rotonda W. FL 33947					
8. 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 Appel or president and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
FILE:NOW: FEE IS \$61.25.  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State.								
10.	OFFICERS AND DIRE		11.	г .	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE NAME	PD CAHOW, SHIRLEY	🔀 Delete	TITLE NAME		sident will	🔀 Change	Addition	
STREET ADDRESS	7220 BRANDYWINE DRIVE		STREET ADDRESS	19:	5 spyglase alley			
CITY-ST-ZIP	ENGLEWOOD FL 34224		CITY-ST-ZIP		pa Haze, F1 33946			
TITLE	VD ALAKESLEE, SYLVIA	🔀 Delete	TITLE NAME	Vice	President part watterworth	Change	☐ Addition	
NAME STREET ADDRESS	1748 BANYOU DR.		STREET ADDRESS	552	s westmount have			
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP		mice F1 34 293			
TITLE	SD CDEID COLLING	. Delete	TITLE	500	retary nette Bellou-Brainard	<b>⊠</b> Change	<b>⊠</b> Addition	
NAME STREET ADDRESS	SPEIR, COLLINS	, , , , , , , , , , , , , , , , , , , ,	NAME		bover Dr.		• •	
CITY-ST-ZIP	NOKOMIS FL 34275		CITY-ST-ZIP	Eng	lewood, F1 34223			
TITLE	DOTSON SYDNEY	☐ Delete	TITLE	Trea.	Surer son, Sydney Bunker Ct.	Change	Addition	
NAME STREET ADDRESS	DOTSON, SYDNEY 30 BUNKER CT		NAME STREET ADDRESS	Dot	Bunker Ct.			
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP	Ro	tonda W. FI 33947			
TITLE	CABANA ELO	☑ Delete	TITLE	D.		Change	☐ Addition	
NAME	CABANA, FLO 962 JOLANDA CIRCLE	•	NAME	Dag	mar mehaughlin			
STREET ADDRESS CITY-ST-ZIP	VENICE FL 34292		STREET ADDRESS CITY-ST-ZIP	Ven	8 Valley Dr. Lice, Fl 34292			
TITLE	D	<b>⊠</b> Delete	TITLE	D		1 Change	Addition	
NAME	STOLFA, NANCY 9961 EAGLE PRESERVE DRIVE	/	NAME	Good	frey Stroud Coral Creek Dr.	<del></del>		
STREET ADDRESS CITY-ST-ZIP	ENGLEWOOD FL 34224		STREET ADDRESS CITY-ST-ZIP	205	cida, Fl 33946			
		this filing does not qualify for the			'	ertify that the in	formation	
12. 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.								

SIGNING OFFICER OR DIRECTOR

2/4/04 941-697-2160
Daytime Phone #