

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90008 050 ****61.25

DOCUMENT # N93000000355 1. Entity Name SUNCOAST CHORALE, INC.					
Principal Place of Business 305 CORAL CREEK DR PLACIDA, FL 33946 US			Mailing Address 305 CORAL CREEK DR PLACIDA, FL 33946 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0432964	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROUD, GEOFFREY A 305 CORAL CREEK DRIVE PLACIDA, FL 33946				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETRIE, PETE <input type="checkbox"/> Delete 1617 MONARCH DRIVE VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTZLER, SUZANNA <input checked="" type="checkbox"/> Delete 872 MORGAN TOWNE WAY VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. KAISER, BONNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1345 PINEBROOK WAY VENICE FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAISER, BONNIE <input checked="" type="checkbox"/> Delete 1345 PINEBROOK WAY VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WILLIAM JOHANNIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20535 CAPELLO DRIVE VENICE FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, JOEL <input type="checkbox"/> Delete 4480 VIA DEL VILLETTI VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, DAGMAR <input checked="" type="checkbox"/> Delete 1668 VALLEY DR. VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRON JOAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23159 ALLEN AVE PORT CHARLOTTE FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STROUD, GEOFFREY <input type="checkbox"/> Delete 305 CORAL CREEK DR. PLACIDA, FL 33946		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			April 2 2008 . 941.697.8207.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		