2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000355

Entity Name: SUNCOAST CHORALE, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
305 CORAL CREEK DR PLACIDA, FL 33946 US				4480 VIA DEL VILLETTI VENICE, FL 34293 US				
Current Mailing Address:				New Mailing Address:				
305 CORAL CREEK DR PLACIDA, FL 33946 US				4480 VIA DEL VILLETTI VENICE, FL 34293 US				
FEI Number:	65-0432964	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certifica	te of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							istered Agent:	
STROUD, GEOFFREY A 305 CORAL CREEK DRIVE PLACIDA, FL 33946 US				MORRISON, JOEL L 4480 VIA DEL VILLETTI VENICE, FL 34293 US				
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.								
SIGNATURE: JOEL L MORRISON						0:	2/11/2009	
	Electroni	Signature of Registered Agent	t				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VP () I PETRIE, PETE 1617 MONARCH VENICE, FL 342			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () I KAISER, BONNIE 1345 PINEBROO VENICE, FL 342	K WAY		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	P () I JOHANNS, WILL 20535 CAPELLO VENICE, FL 342	DRIVE		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () I MORRISON, JOE 4480 VIA DEL VI VENICE, FL 342	LLETTI		Title: Name: Address: City-St-Zip:	DT (XMORRISON, J 4480 VIA DEL VENICE, FL 3	VILLETTI	() Addition	
Title: Name: Address: City-St-Zip:	D () I JOAN, BYRON 23159 ALLEN AV PORT CHARLOT			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DT () I STROUD, GEOF 305 CORAL CRE PLACIDA, FL 33	EK DR.		Title: Name: Address: City-St-Zip:	D (X STROUD, GEO 305 CORAL C PLACIDA, FL	REEK DR.	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL L MORRISON DT 02/11/2009