

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002429

FILED
Jan 04, 2008
Secretary of State

Entity Name: PENSACOLA CHILDREN'S CHORUS INC.

Current Principal Place of Business:

46 E CHASE ST
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

46 E CHASE ST
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-3228889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTE, SUSAN
46 E CHASE ST
PENSACOLA, FL 32502 US

Name and Address of New 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLEOD, DENISE
Address: 5821 FOREST RIDGE DR
City-St-Zip: PENSACOLA, FL 32514

Title: V () Delete
Name: INCLAN, JUDY
Address: 4465 D'EVEREUX PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: POTE, SUSAN
Address: 1540 BAYSHORE LANE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: POTE, ALLEN
Address: 1540 BAYSHORE LANE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: GUND, JEANNE
Address: 2325 BAVARIAN CT
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: BAGGETT, ANN
Address: 958 GRAND CANAL ST
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEFANCIK, MARY ANN
Address: 3508 EDINBURGH DR
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN POTE

RA

01/04/2008

Electronic Signature of Signing Officer or Director

Date