


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002850 (6)**

1. Corporation Name

**SCHOOL OF THE ARTS CHORAL BENEFACTORS, INC.**



Principal Place of Business <b>3701 NORTH SHORE DR WEST PALM BEACH FL 33407</b>	Mailing Address <b>3701 NORTH SHORE DR WEST PALM BEACH FL 33407</b>
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3. Date Incorporated or Qualified <b>05/26/1993</b>	3a. Date of Last Report <b>03/29/1995</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>65-0418561</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPARKS, ARLENE  
3701 NORTH SHORE DRIVE  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COOLEY, KORLEEN</del>	1.2 NAME	<b>Price, Jess</b>
STREET ADDRESS	<del>30 GAMBRIA RD W</del>	1.3 STREET ADDRESS	<b>8604 Tourmaline Blvd.</b>
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	1.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33437</b>
TITLE	<b>TD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILEY, NITA</b>	2.2 NAME	<b>Moreno, Jodi</b>
STREET ADDRESS	<b>6125 MULLIN ST</b>	2.3 STREET ADDRESS	<b>6621 Marissa Circle</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPARKS, ARLENE</b>	3.2 NAME	<b>Jodi Moreno</b>
STREET ADDRESS	<b>3701 NORTH SHORE DR</b>	3.3 STREET ADDRESS	<b>6621 Marissa Circle</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	3.4 CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>
TITLE	<b>S</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HIGGINS, KATHY</del>	4.2 NAME	<b>Maureen Gallivan</b>
STREET ADDRESS	<del>114 VAN GOG H WAY</del>	4.3 STREET ADDRESS	<b>13555 152nd St. North</b>
CITY-ST-ZIP	<del>ROYAL PALM BEACH FL</del>	4.4 CITY-ST-ZIP	<b>Jupiter, FL 33478</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Arlene Sparks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000038

CR2E037 (3/96)