# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005**
**Secretary of State**

DOCUMENT# N93000005587

**Entity Name:** THE UNITED MASS CHOIRS OF FLORIDA, INC.

**Current Principal Place of Business:**

214 NW HAYNES ST.
MADISON, FL 32340 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 NW HAYNES ST.
MADISON, FL 32340 US

**New Mailing Address:**

**FEI Number: 59-3214480** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMBS, PHILLIP J
214 NW HAYNES ST.
MADISON, FL 32340 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: VDT ( ) Delete
Name: CHOICE, DALLAS R
Address: 900 S. PARAMORE ST
City-St-Zip: MADISON, FL

Title: PD ( ) Delete
Name: COMBS, PHILLIP J
Address: 214 NW HAYNES ST.
City-St-Zip: MADISON, FL

Title: SD ( ) Delete
Name: SIMMONS, JOSEPH
Address: 507 SW IRVIN AVE
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VDT (X) Change ( ) Addition
Name: CHOICE, DALLAS R
Address: 1300 MARTIN LUTHER KING DR
City-St-Zip: MADISON, FL 32340

Title: PD (X) Change ( ) Addition
Name: COMBS, PHILLIP J
Address: 214 NW HAYNES ST.
City-St-Zip: MADISON, FL 32340

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP J COMBS PRES 04/11/2005

Electronic Signature of Signing Officer or Director — Date