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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003053 (5)

1. Corporation Name

JACKSONVILLE GAY CHORUS, INC.

Principal Place of Business

% P.O. BOX 40691
JACKSONVILLE FL 32203-0691

Mailing Address

% P.O. BOX 40691
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3304736

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEECK, SCOTT D
871 MELBA STREET
JACKSONVILLE FL 32205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD ☒ DELETE
NAME BARKER, SCOTT
STREET ADDRESS 4122 SEABREEZE DRIVE
CITY-ST-ZIP JACKSONVILLE FLTITLE VD ☒ DELETE
NAME GEARHART, KYLE
STREET ADDRESS 1007-4 ACOSTA STREET
CITY-ST-ZIP JACKSONVILLE FLTITLE SD ☒ DELETE
NAME MERCER, JR. C
STREET ADDRESS 7010 TONGA DRIVE
CITY-ST-ZIP JACKSONVILLE FLTITLE DT ☐ DELETE
NAME DEECK, SCOTT D.
STREET ADDRESS 871 MELBA STREET
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Deeck, Scott
1.3 STREET ADDRESS 871 Melba St.
1.4 CITY-ST-ZIP Jacksonville, FL 322052.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Davis, Theresa
2.3 STREET ADDRESS 5023 Dian Wood Dr. E.
2.4 CITY-ST-ZIP Jacksonville, FL 322103.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Silcox, Melissa
3.3 STREET ADDRESS 6962 Deauville Rd.
3.4 CITY-ST-ZIP Jacksonville, FL 322054.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Lane, Marion
4.3 STREET ADDRESS 11311 Apoline Ct.
4.4 CITY-ST-ZIP Jacksonville, FL 322235.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marion Lane* MARION LANE

4-28-97

904-791-6761

CR2E037 (9/96)