

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
Feb 02 1998 8:00 am
Secretary of State

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 32203-0691

3. Date Incorporated or Qualified

06/21/1994

4. FEI Number

59-3304736

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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	1.1 TITLE	VD
NAME	DEECK, SCOTT	1.2 NAME	GEORGE ATCHLEY
STREET ADDRESS	871 MELBA ST.	1.3 STREET ADDRESS	4590 MERCIMAL AVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX, FL 32210
TITLE	VD	2.1 TITLE	PD
NAME	DAVIS, THERESA	2.2 NAME	DAVIS, THERESA
STREET ADDRESS	5023 DIAN WOOD DR. E.	2.3 STREET ADDRESS	5023 DIAN WOOD DR. E.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JAX, FL 32210
TITLE	SD	3.1 TITLE	SD
NAME	SILCOX, MELISSA	3.2 NAME	RON ROHMER
STREET ADDRESS	6962 DEAUVILLE RD.	3.3 STREET ADDRESS	3733 PINE ST
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JAX, FL 32205
TITLE	DT	4.1 TITLE	TD
NAME	DEECK, SCOTT D.	4.2 NAME	NANCY GILLIOM
STREET ADDRESS	871 MELBA STREET	4.3 STREET ADDRESS	358 8TH ST
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	TD	5.1 TITLE	
NAME	LANE, MARION	5.2 NAME	
STREET ADDRESS	11311 APOLINE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Nancy Gilliom REYNOLD GILLIOM

1/17/98

9041-
388-3091

CR2E037 (10/97)