

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003053

1. Entity Name

JACKSONVILLE GAY CHORUS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90100 010 ****61.25

Principal Place of Business	Mailing Address
% P.O. BOX 40691 JACKSONVILLE FL 32203-0691	% P.O. BOX 40691 JACKSONVILLE FL 32203

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3304736	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEECK, SCOTT D. 871 MELBA STREET JACKSONVILLE FL 32205	Name MARION LANE Street Address (P.O. Box Number is Not Acceptable) 11311 APOLINE COURT City JACKSONVILLE FL Zip Code 32223

8. 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 Marion Lane DATE 5-1-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME YOCHIM, MARY A STREET ADDRESS 3937 ANVERS DR CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Ron Rohrer STREET ADDRESS 3733 Pine St. CITY-ST-ZIP Jacksonville, FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CLINE, RONALD STREET ADDRESS 363 CEDAR CREEK FARMS RD CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete	TITLE V/S/D NAME Chuck Carroll STREET ADDRESS 253 Aquarius Circle N CITY-ST-ZIP Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME YEAMAN, TAMMY STREET ADDRESS 13047 CHELSEA HARBOR DR S CITY-ST-ZIP JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Marion Lane STREET ADDRESS 11311 Apoline Court CITY-ST-ZIP Jacksonville, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME DEECK, SCOTT D. STREET ADDRESS 871 MELBA STREET CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PRITCHARD, JOSEPH STREET ADDRESS 8433 SOUTHSIDE BLVD #1411 CITY-ST-ZIP JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION LANE DATE 5-1-00 DAYTIME PHONE # (904) 791-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)