FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N94000003357 (0)

CHORAL ARTS SOCIETY OF GREATER NAPLES, INC.

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Principal Place of Business Mailing Address									111	\$ 4 B B B 4	FBALL BROOM		E8188 1H0	/# 111 8 1	\$1111 PB \$4 PB \$1	
6596 RIDGEWOOD DR NAPLES FL 33963 US				6596 RIDGEWOOD DR NAPLES FL 34108-8262 US												
			-	•					3. Date Inc	corporated or Qu 7/05/1994	alified	3a. D	04/18	ast Re 8/19	96	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 65-0480044					Applied For		
21				26					03	20480044					t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifica	ate of Status Desi	red				dditional quired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip Country			[20]	Zip Co					····		ility for i					
24	25			29 34108 30				8. This corporation has liability for intengible tax under Florida Statutes Yes X No								
	9, Name	and Address of Curr	rent Regis	Registered Agent			10. Name and Address of New Reg					gistered Agent				
\						B1	Nar	ne								
BENNETT, RICHARD K ESO							Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)							
865 FIFTH AVENUE SOUTH NAPLES FL 33940						83										
	, , 4 000 10					84	City			· · · · · · · · · · · · · · · · · · ·			los	Zip C	`ada	
							[_	FL	_ ``	•		
11. Pursuant to office or reagent. La	to the provis egistered eg m familiar wi	ions of Sections 617.0 jont, or both, in the Sta th, and accept the ob	1502 and 6 ate of Flori digations o	i17.1508, Florida Stati da. Such change was f, Section 617.0503, I	utes, the s authori Florida S	abov zed b tatuto	e-nam y the d s.	ed corpo orporatio	ration submit on's board of	s this statement f directors. I hereb	or the pi	urpose of tithe app	of changi pointmer	ing its nt as r	registered registered	
SIGNATURE																
	Signature, typed	or printed name of registered					ent signa	ture required	when reinstating)		2000	DATE	D OIDE C	21/2/07/	2 151 40	
12.		OFFICERS A	AND DIREC	DELETE	1				ADDITIO	NS/CHANGES TO	OFFIC	ERS AN.	Cha		Addition	
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CITY-ST-ZIP		S FL 33963			1	4 CITY-		~								
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STREET ADDRESS		ulf shore blvd.	NORTH		4.3	STREET	ADDRES	s 65	36 BU	SCIELVOD	40 4	> >				
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NAME		IARY SCHROEDER			5.2	NAME										
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NAME		IEV MILLS			6.2	NAME										
STREET ADDRESS		RANDO CT			6.3	STREET	ADDRES	s								
City-St-ZiP	MARCO	ISLAND FL			6.4	CITY-S	T - 7JP									

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 eath; 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.