

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90001 007 ****61.25



DOCUMENT # N94000005941
 1. Entity Name
THE FUN CHORUS OF ENGLEWOOD, INC.

Principal Place of Business
 7085 PEACOCK LANE
 ENGLEWOOD
 ENGLEWOOD FL 34224
 US

Mailing Address
 P.O. BOX 1501
 ENGLEWOOD FL 34224
 US



2. Principal Place of Business
8300 PARKSIDE DR

3. Mailing Address
 Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State
ENGLEWOOD FL

City & State
 Suite, Apt. #, etc.

Zip
34224

Country
US

4. FEI Number
65-0549149

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
Due By: September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, JOHN 684 PALMETTO DRIVE VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, BARBARA 1403 FLAMINGO DRIVE ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WIELAND, RICHARD 8300 PARKSIDE DRIVE ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZATKALIK, SHIRLEY A 11990 RAMONA AVE PORT CHARLOTTE FL 33981-5300	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, DOROTHY 85 SPRING LN ENGLEWOOD FL 34423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARTEN, LANCE 7089 CROWN ENGLEWOOD FL 34224	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard Wieland **RICHARD WIELAND** 8-7-06 941-474-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #