


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 025 ****61.25

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



Principal Place of Business Mailing Address
231 RIGEL RD. VENICE FL 34293 US
P.O. BOX 1501 ENGLEWOOD FL 34224 US



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES \$61.25
Due By May 1, 2008

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	T	<input type="checkbox"/> Delete
NAME	DECK, GEORGIA M	
STREET ADDRESS	231 RIGEL RD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERBERT, SHEILA A	
STREET ADDRESS	10148 BARKER AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	P	<input type="checkbox"/> Delete
NAME	WIELAND, RICHARD	
STREET ADDRESS	8300 PARKSIDE DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOUWMA, DIANNE L	
STREET ADDRESS	1460 FAIRLESS RD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, ROBERT	
STREET ADDRESS	970 BOUNDARY BLVD.	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAMBATTISTA, CAROLINE	
STREET ADDRESS	1730 MANBOTA BEACH #117	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	SHIRLEY ZATKALIK	
CITY-ST-ZIP	11990 RAMONA AVE PORT CHARLOTTE FL 33981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GEORGIA M DECK *Georgia M Deck* Treas.