

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005941

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE FUN CHORUS OF ENGLEWOOD, INC.

Current Principal Place of Business:

231 RIGEL RD.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1501
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0549149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DECK, GEORGIA M
Address: 231 RIGEL RD.
City-St-Zip: VENICE, FL 34293

Title: VP () Delete
Name: HERBERT, SHEILA A
Address: 10148 BARKER AVE.
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: WIELAND, RICHARD
Address: 8300 PARKSIDE DRIVE
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: ZATKALIK, SHIRLEY
Address: 11990 RAMONA AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: BULLOCK, ROBERT
Address: 970 BOUNDRAY BLVD.
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: GRAMBATTISTA, CAROLINE
Address: 1730 MANISOTA BEACH #117
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BULLOCK, ROBERT
Address: 4 DOVER DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change () Addition
Name: GIAMBATTISTA, CAROLINE
Address: 1730 MANISOTA BEACH #117
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA A. HERBERT

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date