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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000161 (8)**

1. Corporation Name

**INTERNATIONAL MASTERWORKS CHORUS OF TAMPA BAY, I
NC.**

Principal Place of Business

**385 CYPRESS CREEK CIRCLE
OLDSMAR FL 34677**

Mailing Address

**385 CYPRESS CREEK CIRCLE
OLDSMAR FL 34677**

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNABEL, ROBERT
385 CYPRESS CREEK CIRCLE
OLDSMAR FL 34677**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BAYER, MARILYN**
STREET ADDRESS **6547 88TH AVENUE NORTH**
CITY- ST- ZIP **SEMINOLE FL 34677**

TITLE **V** ☐ DELETE

NAME **DONEHOO, BOB**
STREET ADDRESS **1894 OAKDALE LANE SOUTH**
CITY- ST- ZIP **CLEARWATER FL 34624**

TITLE **D** ☐ DELETE

NAME **KNABEL, ROBERT**
STREET ADDRESS **385 CYPRESS CREEK CIRCLE**
CITY- ST- ZIP **OLDSMAR FL 34624**

TITLE **D** ☐ DELETE

NAME **BERNDT, DONNA**
STREET ADDRESS **2040 WORLD PARKWAY #58**
CITY- ST- ZIP **CLEARWATER FL 34677**

TITLE **D** ☐ DELETE

NAME **FORD, KATHERINE**
STREET ADDRESS **385 CYPRESS CREEK CIRCLE**
CITY- ST- ZIP **OLDSMAR FL 34677**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Knabel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-98 (813) 942-5419
Date Daytime Phone #

CR2E037 (10/97)