

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 SEP 23 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N95000001534 (5)

1. Corporation Name

THE PALM BEACH MASS CHOIR, INC.

Principal Place of Business

Mailing Address

7215 72ND WAY  
W PALM BEACH FL 33407

7215 72ND WAY  
W PALM BEACH FL 33407

3. Date Incorporated or Qualified  
03/31/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4690 ORLEANS CT.

26 4690 ORLEANS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27 C

City & State

City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

Zip

Country

Zip

Country

24 33415

25 FL

29 33415

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, MARCUS W  
7215 72ND WAY  
W PALM BEACH FL 33407

81 Name SHARON HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)  
4690 C. ORLEANS CT

83

84 City WEST PALM BEACH FL 85 Zip Code 33415

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 617.0803, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

BUSINESS MANAGER ☐ Change ☒ Addition  
SHARON HARRIS  
4690 C. ORLEANS CT.  
WEST PALM BEACH FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

ASST. BUSINESS MANAGER ☒ Change ☐ Addition  
MARCUS JACKSON  
7215 72ND WAY  
WEST PALM BEACH FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

DIRECTOR ☐ Change ☐ Addition  
CHARLES M. BRIDE  
1635 3RD STREET  
RIVIERA BEACH, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

000001976890-8-92 ☐ Change ☐ Addition  
-10/16/96-01055-012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CHARLES M. BRIDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

Date

Daytime Phone #

407686-0797

0000052

CR2E037 (3/96)