

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001534**

1. Entity Name

THE PALM BEACH MASS CHOIR, INC.

Principal Place of Business

**1635 W. 32ND STREET
RIVIERA BEACH FL 33404**

Mailing Address

**1635 W. 32ND STREET
RIVIERA BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0397214

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MCBRIDE, CHARLES
1635 W. 32ND STREET
RIVIERA BEACH FL 33404****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.

SIGNATURE

*Charles McBride**Charles McBride**1-15-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **MCBRIDE, CHARLES**
STREET ADDRESS **1635 W. 32ND STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**TITLE **VPD** ☐ Delete
NAME **SIDERS, MAE W**
STREET ADDRESS **426 BAYBERRY DRIVE**
CITY-ST-ZIP **LAKE PARK FL 33403**TITLE **TD** ☐ Delete
NAME **MCBRIDE, MERVENIA**
STREET ADDRESS **1635 W. 32ND STREET**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**TITLE **D** ☐ Delete
NAME **WHITE, STEVEN REV**
STREET ADDRESS **13217 67TH STREET N**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**TITLE **SD** ☐ Delete
NAME **HUNT, BARBARA**
STREET ADDRESS **2061 N.W. 2ND COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Charles McBride *Charles McBride* *1-15-02* *561-848-8099***FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90161 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)