

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003179 (7)

1. Corporation Name

THE FLORIDA VOICES ENSEMBLE, INC.



Principal Place of Business

2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

Mailing Address

2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

POST OFFICE BOX 15382

4. FEI Number

65-0606291

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILSON, RICHARD A ESQUIRE
2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROWLAND, MICHAEL
STREET ADDRESS 4030 BROOKSIDE DRIVE
CITY-ST-ZIP SARASOTA FL 34231

DELETE

1.1 TITLE T D
1.2 NAME BETTY P. HARTLEY
1.3 STREET ADDRESS 4271 OAKHURST CIRCLE EAST
1.4 CITY-ST-ZIP SARASOTA, FL 34233

Change

Addition

TITLE VD
NAME O'CONNOR, TIM
STREET ADDRESS 6815 ARBOR OAKS DRIVE
CITY-ST-ZIP BRADENTON FL 34209

DELETE

2.1 TITLE CHAPLAIN - D
2.2 NAME DONALD P. SHEELER
2.3 STREET ADDRESS 5231 CEDAR HAMMOCK PLACE
2.4 CITY-ST-ZIP SARASOTA, FL 34232

Change

Addition

TITLE DV
NAME STEFFENHAGEN, DEAN
STREET ADDRESS 1007 45TH STREET EAST
CITY-ST-ZIP BRADENTON FL 34208

DELETE

3.1 TITLE CORRESPONDING SEC - D
3.2 NAME LORRAINE M. SHEELER
3.3 STREET ADDRESS 5231 CEDAR HAMMOCK PLACE
3.4 CITY-ST-ZIP SARASOTA, FL 34232

Change

Addition

TITLE PD
NAME MULLET, BETTY
STREET ADDRESS 2229 BISPHAM ROAD
CITY-ST-ZIP SARASOTA FL 34231

DELETE

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

Change

Addition

TITLE SD
NAME FILSON, SUSAN
STREET ADDRESS 5234 PALOS VERDES DRIVE
CITY-ST-ZIP SARASOTA FL 34231

DELETE

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

Change

Addition

TITLE VD
NAME AYALA, CHRISTINE
STREET ADDRESS 1004 18TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

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:

SUSAN P. FILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN P. FILSON 5/1/96 941/952-0771
Date Daytime Phone #

CR2E037 (12/95)