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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 15382 SARASOTA FL 34277-1382 US
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3. Date incorporated or Qualified 07/05/1995	3a. Date of Last Report 05/16/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0606291	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, MICHAEL	1.2 NAME	Jonathan Gamble
STREET ADDRESS	4030 BROOKSIDE DRIVE	1.3 STREET ADDRESS	847 Hamptonwood Court
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, TIM	2.2 NAME	Bob Horton
STREET ADDRESS	8815 ARBOR OAKS DRIVE	2.3 STREET ADDRESS	320 Center Rd
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	Venice FL 34292
TITLE	OV <input type="checkbox"/> DELETE	3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFFENHAGEN, DEAN	3.2 NAME	Laura Spaulding
STREET ADDRESS	1007 45TH STREET EAST	3.3 STREET ADDRESS	3342 Blomster St
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Betty Mullet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLET, BETTY	4.2 NAME	Betty Mullet
STREET ADDRESS	2229 BISPHAM ROAD	4.3 STREET ADDRESS	6329 Seagale Ave
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILSON, SUSAN	5.2 NAME	Susan Filson
STREET ADDRESS	5234 PALOS VERDES DRIVE	5.3 STREET ADDRESS	1502 Eastbrook Drive
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYALA, CHRISTINE	6.2 NAME	Randy Spaulding
STREET ADDRESS	1004 18TH STREET WEST	6.3 STREET ADDRESS	3342 Blomster St
CITY-ST-ZIP	BRADENTON FL 34205	6.4 CITY-ST-ZIP	Sarasota FL 34235

14. I do 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:

[Signature]

SUSAN R. FILSON

10/2/97 04/10/97-02/11/

CR2E037 (9/96)