## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

1004 18TH STREET WEST



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003179 (7)

## FILED May 08 1998 8:00am Secretary of State

THE FLORIDA VOICES ENSEMBLE, INC.								
Principal Place	of Busines	8	M	ailing Address				
2727 SOUTH TAMAM TRAIL SUITE 2 SARASOTA FL 34239				P.O. BOX 15382 SARASOTA FL 34277-1382 US				3. Date Incorporated or Qualified  07/05/1995  4. FEI Number Applied For  65-0606291 Not Applicable
2. Principal Place of Business				2a. Mailing Address				5. Certificate of Status Desired Sec. 75 Additional
Sulte, Apt. #, etc.				Sulte, Apt. #, etc.				Fee Required  8. Election Campaign Financing \$5.00 May Be
22				27				Trust Fund Contribution Added to Fees
City & State				City & State				7. Is this nonprofit corporation a homeowners association?
Zip Country			Zip Country			nunta/	,——	Yes V No  8. This corporation owes or has paid the current year Intangible
24	28 29 30			<b>└</b>	Personal Property Tax due June 30. Yes No			
	9. Name	and Address of Curren	1 Regio	tered Agent	Lümb.			10. Name and Address of New Registered Agent
						81	Name	'
FILSON, RICHARD A ESQUIRE						82 Street Address (P.O. Box Number is Not Acceptable)		
2727 SOUTH TAMIAMI TRAIL SUITE 2						83		
SARASOTA FL 34239					<u> </u>			85   Zip Code
							City	FL   ~
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 # applicable (NOTE: Registered Agent alignature required when reinstating)  DATE								
12.		OFFICERS AND	O DIRE		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	NO LIIOUEE		☐ DELETE	4	TITLE		Director Change Paddition
NAME STREET ADDRESS		IND, MICHAEL ROOKSIDE DRIVE				NAME	ADDRESS	847 Hampton wood Ct
CITY-ST-ZIP		OTA FL 34231				CITY-S		sarasota, FC 34230
TITLE	VD			DELETE	2.1	TITLE		Director Change Maddition
NAME		NOR, TIM				NAME		spaniang, Rangy 3342 Glouster Atreet
STREET ADDRESS		RBOR OAKS DRIVE					T ADDRESS	50rasota, 1=L 34235
CITY-ST-ZIP TITLE	DV	NTON FL 34209		DELETE	_	4 CITY-:	21 - ZIP	Change Maddition
NAME	••	ENHAGEN, DEAN			1	NAME		Leanilding Lawa
STREET ADDRESS	1007 4	5TH STREET EAST			3.3	STREET	T ADDRESS	3342 61 M Ster STract
CITY-ST-ZIP	BRADE	NTON FL 34208			_	CITY-	ST-ZIP	Sarasota, FL 34235 Change Waddition
TITLE	P	r perty		☐ DELETE		TITLE 2 NAME		design vector
NAME STREET ADDRESS		T, BETTY EAGATE AVE.					T ADDRESS	
CITY-ST-ZIP		OTA FL				CITY-S		Bradenton, FL 34209
TITLE	80			5.1 TITLE		✓ D Change Addition		
NAME		I, SUSAN				NAME		O'CONNUTTIM Dr. 466 PalmTreed
STREET ADDRESS		ASTBROOK DRIVE			- 1		T ADDRESS	Out of the same of
CITY-ST-ZIP	SARAS VD	UIA FL		DELETE	_	I CITY-S	ST-ZIP	Statenton, FC 34910
TITLE		CHRISTINE		Lad Occup		NAME		Avala, Christine

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.

ENATURE: SAN ALL ALL STANDARD CONTRACTOR

4/24/98 94/952-077/