

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003179

1. Corporation Name

THE FLORIDA VOICES ENSEMBLE, INC.

Principal Place of Business

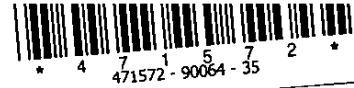
2727 SOUTH TAMiami TRAIL
SUITE 2
SARASOTA FL 34239

Mailing Address

P.O. BOX 15382
SARASOTA FL 34277-1382
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90064 035 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/05/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0606291

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 12

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE P ☐ DELETE
NAME MULLET, BETTY
STREET ADDRESS 6329 SEAGATE AVE.
CITY-ST-ZIP SARASOTA FL

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

☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME FILSON, SUSAN
STREET ADDRESS 1522 EASTBROOK DRIVE
CITY-ST-ZIP SARASOTA FL

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SUSAN FILSON **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 941/952-0771
Date Daytime Phone #

CR2E037 (1/98)