


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003179 1. Entity Name THE FLORIDA VOICES ENSEMBLE, INC.	
---	---

Principal Place of Business 805 PENN WAY SARASOTA, FL 34243	Mailing Address P.O. BOX 15382 SARASOTA, FL 34277-1382 US
---	---

DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0606291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JENSEN, DALE K
805 PENN. WAY
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000134875 04/28/04-80037-016 61.25
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLAND, MICHAEL 2216 BAHIA VISTA ST. #H-8 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'CONNOR, TIM 217 39TH STREET NE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JENSEN, DALE 805 PENN. WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAINES, SUSAN 5211 11TH AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FILSON, SUSAN 1522 EASTBROOK DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREZISE, MICHAEL 6635 PEBBLE BEACH WAY BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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: KEEL BING / PREPARER 04.20.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR