2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N95000003179

Entity Name: THE FLORIDA VOICES ENSEMBLE, INC.

Current Principal Place of Business:

805 PENN WAY
SARASOTA, FL 34243

New Principal Place of Business:

2727 S. TAMIAMI TRAIL
SUITE 2
SARASOTA, FL 34239

Current Mailing Address:

P.O. BOX 15382
SARASOTA, FL 342771382 US

New Mailing Address:

FEI Number: 65-0606291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEFFENHAGEN, DEAN
Address: 5911 LAUREL CREEK TRAIL
City-St-Zip: ELLENTON, FL 34222

Title: PT ( ) Delete
Name: O'CONNOR, TIM
Address: 217 39TH STREET NE
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete
Name: JENSEN, DALE
Address: 805 PENN. WAY
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete
Name: FILSON, SUSAN P
Address: 2727 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: BING, KERI
Address: 1732 SIESTA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: MULLETT, BETTY
Address: 4836 BLISS ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: O'CONNOR, TIM
Address: 217 39TH STREET NE
City-St-Zip: BRADENTON, FL 34208

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: FILSON, SUSAN P
Address: 2727 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: SD (X) Change ( ) Addition
Name: BING, KERI
Address: 1732 SIESTA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PENGE FILSON PD 04/26/2006

Electronic Signature of Signing Officer or Director — Date