


FILED
Jan 18, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | |
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| DOCUMENT # N95000005469 | |  |
| 1. Entity Name THE DON THOMPSON CHORALE, INC. | | |
| Principal Place of Business 624 LOMAX STREET JACKSONVILLE, FL 32204 US | | Mailing Address 624 LOMAX STREET JACKSONVILLE, FL 32204 US |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01092006 No Chg-NP CR2E037 (11/05) |
| | | 4. FEI Number 59-3375368 |
| | | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| HOWARD, SAUNDRA S. 3567 HERSCHEL STREET JACKSONVILLE, FL 32205 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HERNDON, MARY 6077 RICKER RD. JACKSONVILLE, FL 32244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GARNER, RAY 3116 HALEY POINT ROAD SAINT AUGUSTINE, FL 32084 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BRUMBAUGH, CAROL 11734 WATTLE TREE CT JACKSONVILLE, FL 32246 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 duly empowered. | | |
| SIGNATURE: <u>Ray Garner</u> Ray GARNER 1-9-06 904 823 9832 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |