



**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**



<b>DOCUMENT # N95000005469</b>						<b>Secretary of State</b>	
1. Entity Name <b>THE DON THOMPSON CHORALE, INC.</b>				01-10-2007 90042 049 ****61.25			
Principal Place of Business <b>624 LOMAX STREET JACKSONVILLE, FL 32204 US</b>				Mailing Address <b>624 LOMAX STREET JACKSONVILLE, FL 32204 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>HOWARD, SAUNDRA S. 3567 HERSCHEL STREET JACKSONVILLE, FL 32205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HERNDON, MARY 6077 RICKER RD. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARNER, RAY 3116 HALEY POINT ROAD SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROCTOR, JOE 246 PINELWOOD RD. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BRUMBAUGH, CAROL 11734 WATTLE TREE CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COTCHALEOVITCH, SARAH 785 OAKLEAF PLANTATION PARKWAY #1814 ORANGE PARK, FL. 32065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 like empowered.							
SIGNATURE:  S.J.H. Cotchalevitch				1-8-07 904-356-2503			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			