

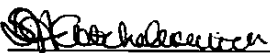


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90006 013 \*\*\*\*61.25

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>DOCUMENT # N95000005469</b><br>1. Entity Name<br><b>THE DON THOMPSON CHORALE, INC.</b>  |   |  |   |   |   |
| Principal Place of Business<br><b>624 LOMAX STREET<br/>JACKSONVILLE, FL 32204 US</b>   |   |  | Mailing Address<br><b>624 LOMAX STREET<br/>JACKSONVILLE, FL 32204 US</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |   |
| City & State<br>Zip Country  |   | City & State<br>Zip Country  |   | 4. FEI Number<br><b>59-3375368</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | Applied For<br>Not Applicable  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>HOWARD, SAUNDRA S.<br/>3567 HERSCHEL STREET<br/>JACKSONVILLE, FL 32205</b>  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><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<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>                       |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS</b><br><b>HERNDON, MARY</b> <input type="checkbox"/> Delete<br><b>6077 RICKER RD.</b><br><b>JACKSONVILLE, FL 32244</b>                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP</b> <input checked="" type="checkbox"/> Delete<br><b>GARNER, RAY</b><br><b>3116 HALEY POINT ROAD</b><br><b>SAINT AUGUSTINE, FL 32084</b>          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b> <input checked="" type="checkbox"/> Delete<br><b>BRUMBAUGH, CAROL</b><br><b>11734 WATTLE TREE CT</b><br><b>JACKSONVILLE, FL 32246</b>         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b> <input type="checkbox"/> Delete<br><b>PROCTOR, JOE</b><br><b>246 PINEWOOD RD</b><br><b>JACKSONVILLE BEACH, FL 32250</b>                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b> <input type="checkbox"/> Delete<br><b>COTCHALEOVITCH, SARAH</b><br><b>785 OAKLEAF PLANTATION PARKWAY #1814</b><br><b>ORANGE PARK, FL 32065</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |  |   |
| <b>SIGNATURE:</b>  <b>SARAH COTCHALEOVITCH</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <b>2/12/08</b><br><small>Date</small>   |  | <b>904/356-2503</b><br><small>Daytime Phone #</small> |