

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005469

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: THE DON THOMPSON CHORALE, INC.

**Current Principal Place of Business:**

624 LOMAX STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

624 LOMAX STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-3375368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD, SAUNDRA S.  
3567 HERSCHEL STREET  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

HOWARD, SAUNDRA S.  
3567 HERSCHEL STREET  
JACKSONVILLE, FL 32205 US

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: SAUNDRA S. HOWARD

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: HERNDON, MARY  
Address: 6077 RICKER RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: P ( ) Delete  
Name: PROCTOR, JOE  
Address: 246 PINWOOD RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete  
Name: COTCHALEOVITCH, SARAH  
Address: 785 OAKLEAF PLANTATION PARKWAY #1814  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: EDWARDS, LINDA  
Address: 1712 7TH STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

I hereby certify that the information supplied with this filing does not qualify 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: SARAH COTCHALEOVITCH

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01/06/2009

Electronic Signature of Signing Officer or Director

Date