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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000614 (5)

1. Corporation Name

ST. LUCIE CHORALE, INC.



Principal Place of Business PO BOX 4115 FT. PIERCE FL 34948	Mailing Address PO BOX 4115 FT. PIERCE FL 34948
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3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0642239

Applied For
Not Applicable

2. Principal Place of Business 21 P.O. Box 139 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 139 Suite, Apt. #, etc.
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22 City & State 23 STUART FL	27 City & State 28 STUART, FL
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24 Zip 34995	25 Country	29 Zip 34997	30 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNETHY, BRUCE R JR.
900 VIRGINIA AVE.
SUITE 6
FT. PIERCE FL 34982

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relistening) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
BOYD, RICHARD K	2400 S OCEAN DR #2245 FT. PIERCE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
HUNTER, CHARLES	1901 S.E. ERWIN PORT ST. LUCIE FL 34952	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	2.2 NAME
RENAUDY, CARMEN	4069 GARDEN VILLAS COURT FT PIERCE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
ROSENBERG, ALLEN	3201 LIVE OAK LANE FT. PIERCE FL 34981	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	3.2 NAME
ROSENBERG, URSULA	3201 LIVE OAK LANE FT. PIERCE FL 34981	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
MACWILLIAM, DIANE	7205 WINTER GARDEN PKWY FT PIERCE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
SECRETARY	SANDRA Mc NIFF	113 MANLEY ST	PORT ST. LUCIE, FL 34952
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TREASURER	IRENE F. MANNAN	600 UNO LAGO DR #303	JUNE BEACH, FL 33408

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)