

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000614

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: ST. LUCIE CHORALE, INC.

## Current Principal Place of Business:

P.O. BOX 139  
STUART, FL 34995 US

## New Principal Place of Business:

623 E OCEAN BLVD  
STUART, FL 34995 US

## Current Mailing Address:

P. O. BOX 139  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: 65-0642239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIMES, TIMOTHY  
2 RIVERVIEW DRIVE  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: MCNIFF, SANDRA  
Address: 113 MANLY ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P ( ) Delete  
Name: KIMES, TIM  
Address: 2 RIVER VIEW DR.  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete  
Name: HANLEY, ELEANOR  
Address: 2254 SW WATERVIEW PLACE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: ROSENBERG, ALLEN  
Address: 2680 WILLOWOOD W  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: ROSENBERG, URSULA  
Address: 2680 WILLOWOOD W  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: SCHNORR, KATHLEEN A  
Address: 2227 SE STONEHAVEN RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: CLARK, DEBBIE  
Address: 8557 SE COCNUT ST  
City-St-Zip: HOBE SOUND, FL 33455

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN A SCHNORR

TREA

04/05/2007

Electronic Signature of Signing Officer or Director

Date