

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90064 023 \*\*\*\*61.25

**DOCUMENT # N96000000614**

1. Entity Name  
**ST. LUCIE CHORALE, INC.**



Principal Place of Business

P.O. BOX 139  
STUART FL 34995  
US

Mailing Address

P. O. BOX 139  
STUART FL 34997  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0642239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **MCNIFF, SANDRA**  
STREET ADDRESS **113 MANLY ST**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete  
NAME **MCADAMS, JAMES III**  
STREET ADDRESS **2291 SW MANOR HILL DR**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **WILLIAM COSLETT, PRESIDENT** ☐ Change ☒ Addition  
NAME **1264 PALM BEACH RD**  
STREET ADDRESS **PORT ST LUCIE, FL 34952**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **RENALDY, CARMEN**  
STREET ADDRESS **4069 GARDEN VILLAS COURT**  
CITY-ST-ZIP **FT PIERCE FL**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **ELEANOR HANLEY**  
STREET ADDRESS **2254 SW WATERVIEW PLACE**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** ☐ Delete  
NAME **ROSENBERG, ALLEN**  
STREET ADDRESS **3201 LIVE OAK LANE**  
CITY-ST-ZIP **FT. PIERCE FL 34981**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **ROSENBERG, URSULA**  
STREET ADDRESS **3201 LIVE OAK LANE**  
CITY-ST-ZIP **FT. PIERCE FL 34981**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **STEVENS, GERALD**  
STREET ADDRESS **1574 SE BALLANTRAE CT**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☒ Change ☐ Addition  
NAME **STEVENS GERALD N.**  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: **GERALD N. STEVENS** 1/10/2003 TD-337-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)