

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000002835

1. Entity Name

LAKE WALES CHORALE, INC.

Principal Place of Business

Mailing Address

5606 LAKESIDE DR.

5606 LAKESIDE DR.

LAKE WALES
33853

FL

LAKE WALES
33853

FL

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

59-3567863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYHRE MILFORD
1151 TOWER BLVD.

LAKE WALES
33853

US

FL

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.

SIGNATURE MILFORD MYHRE

08/24/2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME TD ☐ Delete
STREET ADDRESS MOORE JOHN K
CITY-ST-ZIP 855 GOLDEN BOUGH RD.
LAKE WALES FL 33853

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

TITLE
NAME SD ☐ Delete
STREET ADDRESS CREWS-LINTON JAYNE
CITY-ST-ZIP 900 CAMPBELL AVE.
LAKE WALES FL 33853

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

TITLE
NAME VD ☐ Delete
STREET ADDRESS DICKINSON WILLIAM E
CITY-ST-ZIP 805 CAMBRIDGE WAY
LAKE WALES FL 33853

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

TITLE
NAME VD ☐ Delete
STREET ADDRESS MYHRE MILFORD
CITY-ST-ZIP 5606 LAKESIDE DR.
LAKE WALES FL 33853

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

TITLE
NAME PD ☐ Delete
STREET ADDRESS ROCKNESS DAVID
CITY-ST-ZIP 402 E. PARK AVE.
LAKE WALES FL 33853

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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.