## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Sep 01, 2001 08:00 AM N98000002835 DOCUMENT # 1. Entity Name **Secretary of State** LAKE WALES CHORALE, INC. Principal Place of Business Mailing Address 5606 LAKESIDE DR. 5606 LAKESIDE DR. LAKE WALES FL LAKE WALES 33853 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3567863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYHRE MILFORD Street Address (P.O. Box Number is Not Acceptable) 1151 TOWER BLVD. LAKE WALES FL33853 US City 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. 09/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TD TITLE ☐ Change ☐ Addition NAME MOORE JOHN K NAME STREET ADDRESS 855 GOLDEN BOUGH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES 33853 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CREWS-LINTON JAYNE. NAME STREET ADDRESS STREET ADDRESS 900 CAMPBELL AVE. CITY-ST-ZIP LAKE WALES FL. 33853 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME DICKINSON WILLIAM NAME STREET ADDRESS STREET ADDRESS 805 CAMBRIDGE WAY CITY-ST-ZIP LAKE WALES CITY-ST-ZIP FL. 33853 TITLE Delete TITLE Change Addition NAME MYHRE MILFORD NAME STREET ADDRESS 5606 LAKESIDE DR. STREET ADDRESS CITY-ST-ZIP LAKE WALES FL. 33853 CITY-ST-ZIP TITLE PD Delete TITLE Change ☐ Addition NAME ROCKNESS DAVID NAME STREET ADDRESS 402 E. PARK AVE. STREET ADDRESS CITY-ST-ZIP LAKE WALES $\mathbf{FL}$ 33853 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

William E. Dickinson

VD

09/01/2001

CR2E037 (11/00)