

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002835

FILED
Aug 10, 2002
Secretary of State

Entity Name: LAKE WALES CHORALE, INC.

Current Principal Place of Business:

5606 LAKESIDE DR.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

5606 LAKESIDE DR.
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3567863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYHRE, MILFORD
1151 TOWER BLVD.
LAKE WALES, FL 33853 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: PD () Delete
Name: ROCKNESS, DAVID
Address: 402 E. PARK AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: MYHRE, MILFORD
Address: 5606 LAKESIDE DR.
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: DICKINSON, WILLIAM E
Address: 805 CAMBRIDGE WAY
City-St-Zip: LAKE WALES, FL 33853

Title: SD () Delete
Name: CREWS-LINTON, JAYNE
Address: 900 CAMPBELL AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: TD () Delete
Name: MOORE, JOHN K
Address: 855 GOLDEN BOUGH RD.
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: WILLIAM E. DICKINSON

VD

08/10/2002

Electronic Signature of Signing Officer or Director

Date