

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000004342

**FILED**  
**Sep 20, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MASTER CHOIR, INC.

**Current Principal Place of Business:**

1111 NE 25TH AVE  
S 202  
OCALA, FL 34470

**New Principal Place of Business:**

2324 SE 14TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

1111 NE 25TH AVE  
S 202  
OCALA, FL 34470

**New Mailing Address:**

2324 SE 14TH STREET  
OCALA, FL 34471

**FEI Number:** 59-3524125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MICHELL, PAMELA W  
1111 NE 25TH AVE  
S 202  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

MICHELL, PAMELA W  
2324 SE 14TH STREET  
OCALA, FL 34471 US

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: PAMELA W. MICHELL

09/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHELL, PAMELA W  
Address: 2324 SE 14TH ST  
City-St-Zip: Ocala, FL 34471

Title: S  
Name: CLATERBOS, MARGITTA  
Address: 9021 SW 96TH TER  
City-St-Zip: Ocala, FL 34481

Title: D  
Name: MANNING, DIANNE  
Address: 10215 SW 87TH TER  
City-St-Zip: Ocala, FL 34481

Title: D  
Name: MCCALL, BETH  
Address: 7073 SE 12TH CIR  
City-St-Zip: Ocala, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: PAMELA W. MICHELL

P

09/20/2011

Electronic Signature of Signing Officer or Director

Date