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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90235 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000005059**

1. Corporation Name

**THE JACKSONVILLE CHILDREN'S CHORUS, INC.**

Principal Place of Business  
 9460 PICKWICK DRIVE  
 JACKSONVILLE FL 32257

Mailing Address  
 9460 PICKWICK DRIVE  
 JACKSONVILLE FL 32257



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/31/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**SARTORIUS, ARTHUR G III**  
**1919 ATLANTIC BOULEVARD**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kendall Spencer	1.2 NAME	Alton Yates
STREET ADDRESS	13840 Admiral's Bend Drive	1.3 STREET ADDRESS	c/o 9460 Pickwick Drive
CITY-ST-ZIP	Jacksonville, FL 32225	1.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	Vice President/Director <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jeanette Howle	2.2 NAME	Audrey Moran
STREET ADDRESS	1637 Mt. Vernon Drive	2.3 STREET ADDRESS	c/o 9460 Pickwick Drive
CITY-ST-ZIP	Jacksonville, FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	Secretary/Treasurer/Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Cooper	3.2 NAME	
STREET ADDRESS	5224 River Park Villa Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orangedale, FL 32092	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur G. Sartorius, III	4.2 NAME	
STREET ADDRESS	1919 Atlantic Boulevard	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Condon	5.2 NAME	
STREET ADDRESS	275 S. 1st Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Taylor	6.2 NAME	
STREET ADDRESS	9460 Pickwick Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED** **ARTHUR G. SARTORIUS, III**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

904-398-8388

Date

Daytime Phone #

CR2E037 (11/98)