

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000005059**1. Entity Name  
THE JACKSONVILLE CHILDREN'S CHORUS, INC.

Principal Place of Business	Mailing Address
9460 PICKWICK DRIVE	9460 PICKWICK DRIVE
JACKSONVILLE FL 32257	JACKSONVILLE FL 32257

2. Principal Place of Business	3. Mailing Address
9818 SCOTT MILL ROAD	9818 SCOTT MILL ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL

Zip	Country	Zip	Country
32257		32257	

4. FEI Number	Applied For
<b>59-3583678</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SARTORIUS ARTHUR GIII  
1919 ATLANTIC BOULEVARD  
  
JACKSONVILLE FL 32207

**7. Name and Address of New Registered Agent**

Name  
FISCHER JOHN A  
Street Address (P.O. Box Number is Not Acceptable)  
118 REGENTS PLACE  
  
City  
PONTE VEDRA FL Zip Code  
32082

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 **JOHN A. FISCHER****04/24/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR JIM	
STREET ADDRESS	9460 PICKWICK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONDON JANE	
STREET ADDRESS	275 S 1ST STREET	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARTORIUS ARTHUR GIII	
STREET ADDRESS	1919 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COOPER CHARLOTTE	
STREET ADDRESS	5224 RIVER PARK VILLA DR	
CITY-ST-ZIP	ORANGEDALE FL 32092	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWLE MARY J	
STREET ADDRESS	1637 MT VERNON DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPENCER KENDALL	
STREET ADDRESS	13840 ADMIRALS BEND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYER CAROL	
STREET ADDRESS	12645 MISSION HILLS CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTUS ELIZABETH	
STREET ADDRESS	4550 ORTEGA FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAZS MELISSA	
STREET ADDRESS	12742 HUNT CLUB ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGBURN MARLYN	
STREET ADDRESS	9818 SCOTT MILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER JOHN A	
STREET ADDRESS	118 REGENTS PLACE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE: John A. Fischer**

Pres

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**TWILA MILLER, DIRECTOR**  
**1015 SECOND STREET**

**NEPTUNE BEACH, FL 32226**

**KENDALL SPENCER, DIRECTOR**  
**13840 ADMIRALS BEND DRIVE**

**JACKSONVILLE, FL 32225**