2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005059

Entity Name: THE JACKSONVILLE CHILDREN'S CHORUS, INC.

FILED Apr 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9818 SCOTT MILL ROAD JACKSONVILLE, FL 32257						
Current Mailing Address:			New Ma	New Mailing Address:		
9818 SCOTT MILL ROAD JACKSONVILLE, FL 32257				P. O. BOX 41103 JACKSONVILLE, FL 32203-110 US		
FEI Number:	59-3583678	FEI Number Applied For ()	El Number Not A	Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name a	and Address of	f New Registered Agent:	
FISCHER, JOHN A 118 REGENTS PLACE PONTE VEDRA, FL 32082						
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:						
	Electroni	c Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITI	ONS/CHANGE	S TO OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	PD () FISCHER, JOHN 118 REGENTS F PONTE VEDRA,	PLACE	Title: Name: Address: City-St-Zi		()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD (X) OGBURN, MARL 9818 SCOTT MII JACKSONVILLE	LL ROAD	Title: Name: Address: City-St-Zi		()Change ()Addition	
Title: Name: Address: City-St-Zip:	BLAZS, MELISS	JB ROAD NORTH	Title: Name: Address: City-St-Zi		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SARTORIUS, AR 1919 ATLANTIC JACKSONVILLE	BLVD	Title: Name: Address: City-St-Zi	CORNELIUS 2445 SAN DI	•	
Title: Name: Address: City-St-Zip:	D () AUGUSTUS, ELI 4550 ORTEGA F JACKSONVILLE	OREST DRIVE	Title: Name: Address: City-St-Zi		()Change ()Addition	
Title: Name: Address: City-St-Zip:	FRYER, CAROL	Delete HILLS CIRCLE NORTH , FL 32225	Title: Name: Address: City-St-Zi		()Change ()Addition	

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: JOHN A. FISCHER PD 04/27/2002