

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90047 032 \*\*\*\*70.00

<b>DOCUMENT # N98000005059</b>					
<b>1. Entity Name</b> THE JACKSONVILLE CHILDREN'S CHORUS, INC.					
<b>Principal Place of Business</b> 1100 STOCKTON STREET, ROOM G JACKSONVILLE, FL 32203 US			<b>Mailing Address</b> P. O. BOX 41103 JACKSONVILLE, FL 32203 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3583678	
<b>5. Certificate of Status Desired</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  TAYLOR, DEBORAH W 3945 ST. JOHNS AVENUE JACKSONVILLE, FL 32210				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>  </div> <div style="width: 20%; text-align: center;">                 3.17.05             </div> <div style="width: 40%; font-size: small;">                 (NOTE: Registered Agent signature required when reappointing)                  DATE             </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD	<b>NAME</b> AUGUSTUS, ELIZABETH	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 4550 ORTEGA FOREST DRIVE	JACKSONVILLE, FL 32210				
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32210				
<b>TITLE</b> D	<b>NAME</b> GRANT, ELLEN M	<input checked="" type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 4239 ORTEGA PLACE	JACKSONVILLE, FL 32210				
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32210				
<b>TITLE</b> D	<b>NAME</b> TAYLOR, DEBORAH W	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 3945 ST. JOHNS AVENUE	JACKSONVILLE, FL 32210				
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32210				
<b>TITLE</b> D	<b>NAME</b> SETTLEMYER, CHARLES	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 1782 OLIVE COURT	ORANGE PARK, FL 32073				
<b>CITY-ST-ZIP</b>	ORANGE PARK, FL 32073				
<b>TITLE</b> D	<b>NAME</b> FRYER, CAROL	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 12645 MISSION HILLS CIRCLE NORTH	JACKSONVILLE, FL 32225				
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32225				
<b>TITLE</b> D	<b>NAME</b> KUHN, QUIDA	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 3705 HILLIARD RD.	JACKSONVILLE, FL 32217				
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32217				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> D	<b>NAME</b> Eileen Briggs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 1416 Osceola St.	Jacksonville, FL 32204				
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32204				
<b>TITLE</b> D	<b>NAME</b> Jane Condon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 1722 River Rd.	Jacksonville, FL 32207				
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32207				
<b>TITLE</b> D	<b>NAME</b> Elizabeth Demont	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>STREET ADDRESS</b> 3831 McGirts Blvd.	Jacksonville, FL 32210				
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32210				
<b>12. 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 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.</b>					
<b>SIGNATURE</b> 		3.17.05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	