## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005059

FILED Apr 27, 2006 Secretary of State

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

Name and Address of Current Registered Agent:  Name and Address of New May 13945 ST. JOHNS AVENUE JACKSONVILLE, FL 32210 US  The above named entity submits this statement for the purpose of changing its registered office in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	siness:
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P. O. BOX 41103 JACKSONVILLE, FL 32203 US  FEI Number: 59-3583678 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Ce Name and Address of Current Registered Agent:  Name and Address of New TAYLOR, DEBORAH W 3945 ST. JOHNS AVENUE JACKSONVILLE, FL 32210 US  The above named entity submits this statement for the purpose of changing its registered office in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent  DFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO  Ititle: PD ( ) Delete Title: ( ) Che Name: AUGUSTUS, ELIZABETH Name: Address: 4550 ORTEGA FOREST DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:  Ititle: D ( ) Delete Title: ( ) Che Name: BRIGGS, EILEEN Name: Address: 1616 OSCEOLA ST Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Ititle: D ( ) Delete Title: ( ) Che Name: TAYLOR, DEBORAH W Address: 3945 ST. JOHNS AVENUE Address: 2639 FOREST POII  Address: 3945 ST. JOHNS AVENUE Address: 2639 FOREST POII	US
JACKSONVILLE, FL 32203 US  FEI Number: 59-3583678 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Ce  Name and Address of Current Registered Agent: Name and Address of New  TAYLOR, DEBORAH W 3945 ST. JOHNS AVENUE JACKSONVILLE, FL 32210 US  The above named entity submits this statement for the purpose of changing its registered office in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO  Title: PD ( ) Delete Title: ( ) Change: Address: 4550 ORTEGA FOREST DRIVE Address: 4550 ORTEGA FOREST DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:  Title: D ( ) Delete Title: ( ) Change: Address: 1616 OSCEOLA ST Address: 1616 OSCEO	
Name and Address of Current Registered Agent:  Name and Address of New May 1845 ST. JOHNS AVENUE JACKSONVILLE, FL 32210 US  The above named entity submits this statement for the purpose of changing its registered office in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO  Itile: PD () Delete Title: () Chang Mame: Address: 4550 ORTEGA FOREST DRIVE Address: 4550 ORTEGA FOREST DRIVE Address: 1616 OSCEOLA ST Address: 1616	
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Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  Ditle: PD () Delete Title: () Characteristics: AUGUSTUS, ELIZABETH Name: Address: 4550 ORTEGA FOREST DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32210  Title: D () Delete Title: () Characteristics: City-St-Zip: Title: () Characteristics: City-St-Zip: JACKSONVILLE, FL 32210  Title: D () Delete Title: () Characteristics: City-St-Zip: JACKSONVILLE, FL 32204  Title: D () Delete Title: D (X) Characteristics: D (X) Characteristics: D (X) Characteristics: D (X) Characteristics: JACKSONVILLE, FL 32204  Title: D () Delete Title: D (X) Characteristics: D (X) Characteristics: JACKSONVILLE, FL 32204  Address: JACKSONVILLE, FL 32204  Title: D (A) Delete Title: D (X) Characteristics: D (X) Characteristics: D (X) Characteristics: JACKSONVILLE, FL 32204  Address: JACKSONVILLE, FL 32204  Title: D (A) Delete Title: D (X) Characteristics: D (X) Characteristi	e or registered agent, or both,
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Name:         AUGUSTUS, ELIZABETH         Name:           Address:         4550 ORTEGA FOREST DRIVE         Address:           City-St-Zip:         JACKSONVILLE, FL 32210         City-St-Zip:           Title:         D         ( ) Delete         Title:         ( ) Chance:           Name:         BRIGGS, EILEEN         Name:         Address:         Octy-St-Zip:           Address:         1616 OSCEOLA ST         Address:         City-St-Zip:           City-St-Zip:         JACKSONVILLE, FL 32204         City-St-Zip:           Title:         D         ( ) Delete         Title:         D         ( X) Chance:           Name:         TAYLOR, DEBORAH W         Name:         CHEIKEN, KIM           Address:         3945 ST. JOHNS AVENUE         Address:         2639 FOREST POII	OFFICERS AND DIRECTOR
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Title: D ( ) Delete Title: ( ) Charles Name:  Iddress: 12645 MISSION HILLS CIRCLE NORTH Address:  City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip:	ange ( ) Addition
Fitle: D () Delete Title: D (X) Chame: KUHN, QUIDA Name: PICCO, THERESA Address: 3705 HILLIARD RD. Address: 179 SAWMILL LAK City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELIZABETH AUGUSTUS PD 04/27/2006