

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 032 ****61.25

DOCUMENT # N98000005059					
1. Entity Name THE JACKSONVILLE CHILDREN'S CHORUS, INC.					
Principal Place of Business 800 LOMAX ST. #108 JACKSONVILLE, FL 32204 US			Mailing Address P. O. BOX 41103 JACKSONVILLE, FL 32203 US		
2. Principal Place of Business - No P.O. Box # 3947 Blvd. Center Drive Suite, Apt. #, etc. 108 City & State Jacksonville FL Zip 32207 Country Duval		3. Mailing Address 3947 Blvd. Center Drive Suite, Apt. #, etc. 108 City & State Jacksonville FL Zip 32207 Country Duval			
4. FEI Number 59-3583678				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, DEBORAH W 3945 ST. JOHNS AVENUE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Kim Cheiken Street Address (P.O. Box Number is Not Acceptable) 2639 Forest Point Court City Jacksonville FL Zip Code 32257		
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. SIGNATURE <u>[Signature]</u> DATE 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME AUGUSTUS, ELIZABETH STREET ADDRESS 4550 ORTEGA FOREST DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE D NAME Bennett, Kristen STREET ADDRESS 3625 Ernest Street CITY-ST-ZIP Jacksonville, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BRIGGS, EILEEN STREET ADDRESS 1616 OSCEOLA ST CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE D NAME Demont, Elizabeth STREET ADDRESS 3831 McGuire Blvd. CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CHEIKEN, KIM STREET ADDRESS 2639 FOREST POINT CT. CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE D NAME Durden, Stephen STREET ADDRESS 7949 McLaurin Rd. N. CITY-ST-ZIP Jacksonville, FL 32236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HARAMIS, LEE STREET ADDRESS 4153 ROMA BLVD CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE D NAME Helow, Pete STREET ADDRESS 1230 Hubbard Street CITY-ST-ZIP Jacksonville, FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FRYER, CAROL STREET ADDRESS 12645 MISSION HILLS CIRCLE NORTH CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE D NAME Pelter, Susan STREET ADDRESS 4134 Richmond Park Dr. E. CITY-ST-ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PICCO, THERESA STREET ADDRESS 179 SAWMILL LAKES BLVD CITY-ST-ZIP JACKSONVILLE, FL 32082	<input type="checkbox"/> Delete		TITLE D NAME Southwell, Vivian STREET ADDRESS 119 Sea Hammock Way CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-07 Daytime Phone # 904-346-1636		