


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 050 ****61.25

DOCUMENT # N98000005059

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



Principal Place of Business
 3947 BLVD. CENTER DRIVE
 108
 JACKSONVILLE, FL 32207 US

Mailing Address
 3947 BLVD. CENTER DRIVE
 108
 JACKSONVILLE, FL 32207 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-3583678

Applied For
 Not Applicable

Zip Country

Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHEIKEN, KIM
 2639 FOREST POINT COURT
 JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AUGUSTUS, ELIZABETH 4550 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRIGGS, EILEEN 1616 OSCEOLA ST JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHEIKEN, KIM 2639 FOREST POINT CT. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARAMIS, LEE 4153 ROMA BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRYER, CAROL 12645 MISSION HILLS CIRCLE NORTH JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PICCO, THERESA 179 SAWMILL LAKES BLVD JACKSONVILLE, FL 32082 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Durdan, Stephen 7949 McLaurin Road, N Jacksonville, FL 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Bryan, Holly 4639 Confederate Oaks Drive Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Hadden, Richard 7847 Glen Echo Road, N. Jacksonville, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Kamm, Cathy 3634 Pond Ridge Ct. E Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Bennett, Krysten 3625 Ernest Street Jacksonville, FL 32205 <input type="checkbox"/> Change <input 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:  **4/21/08** **904-680-775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #