2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005059

FILED Apr 16, 2009 Secretary of State

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

Current Pr	incipal Place of E	Business:	New Princ	New Principal Place of Business:		
3947 BLVD	. CENTER DRIVE					
108						
	/ILLE, FL 32207	US				
Current Mailing Address:			New Maili	New Mailing Address:		
3947 BLVD 108	. CENTER DRIVE					
JACKSON\	/ILLE, FL 32207	US				
FEI Number:	59-3583678 FE	El Number Applied For () FEI N	umber Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and	Address of N	lew Registered Agent:	
	KIM IST POINT COUR VILLE, FL 32257	T US				
The above in the State		nits this statement for the purpose	of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
		gnature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	PD () Dele AUGUSTUS, ELIZAB 4550 ORTEGA FORE JACKSONVILLE, FL	ETH EST DRIVE 32210	Title: Name: Address: City-St-Zip: Title:	DURDEN, STEF 7949 MCLAUR JACKSONVILLE	IN ROAD N.	
Name: Address: City-St-Zip:	DUNDEN, STEPHEN 7949 MCLAURIN RO JACKSONVILLE, FL	AD N.	Name: Address: City-St-Zip:	AUGUSTUS, EL 4550 ORTEGA JACKSONVILLE	FOREST DRIVE	
Title: Name: Address: City-St-Zip:	D () Dele CHEIKEN, KIM 2639 FOREST POIN JACKSONVILLE, FL	т ст.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele HARAMIS, LEE 4153 ROMA BLVD JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele FRYER, CAROL 12645 MISSION HILL JACKSONVILLE, FL	LS CIRCLE NORTH	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele PICCO, THERESA 179 SAWMILL LAKE JACKSONVILLE, FL	S BLVD	Title: Name: Address: City-St-Zip:	D (X) BENNETT, KRY 3625 ERNEST JACKSONVILLE	STREET	

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN DURDEN PD 04/16/2009