

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90210 041 *****61.25

0065399

DOCUMENT # N98000005059

1. Entity Name

THE JACKSONVILLE CHILDREN'S CHORUS, INC.



Principal Place of Business

**9818 SCOTT MILL ROAD
JACKSONVILLE FL 32257**

Mailing Address

**P. O. BOX 41103
JACKSONVILLE FL 32203
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3583678**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, JOHN A
118 REGENTS PLACE
PONTE VEDRA FL 32082**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FISCHER, JOHN A**
STREET ADDRESS **118 REGENTS PLACE**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE **D** ☐ Change ☒ Addition
NAME **Ellen McCreight Grant**
STREET ADDRESS **4239 Ortega Place**
CITY-ST-ZIP **Jacksonville FL 32210**

TITLE **SD** ☒ Delete
NAME **BLAZS, MELISSA**
STREET ADDRESS **12742 HUNT CLUB ROAD NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORNELIUS, JACKIE**
STREET ADDRESS **2445 SAN DIEGO ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AUGUSTUS, ELIZABETH**
STREET ADDRESS **4550 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRYER, CAROL**
STREET ADDRESS **12645 MISSION HILLS CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **Buida Kuhn**
STREET ADDRESS **3705 Hilliard Rd**
CITY-ST-ZIP **Jacksonville FL 32217**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE REQUIRED

April 9 2003

CR2E037 (10/02)