


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90196 004 \*\*\*\*61.25

<b>DOCUMENT # N99000006482</b> 1. Entity Name THE JACKSONVILLE MASTERWORKS CHORALE, INC.	
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Principal Place of Business 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256	Mailing Address 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3612709	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  DOERR, STEPHANIE 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHADE, SHARON 2099 WINTERBOURNE #203 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, SUNA 2119 WINTERBOURNE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOERR, STEPHANIE 8031 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENJAMIN, HELEN 3866 SAN BERNADO DRIVE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMBERG, GINGER 8707 SOUTHSHORE BLVD #5508 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMP, DORIS 1768 BAYSIDE DR JACKSONVILLE, FL 32259

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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:** Stephanie Doerr STEPHANIE J. DOERR 4/18/06 904 998 8892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #