


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 020 ****61.25

DOCUMENT # N99000006482					
1. Entity Name THE JACKSONVILLE MASTERWORKS CHORALE, INC.					
Principal Place of Business 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256			Mailing Address 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3612709	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOERR, STEPHANIE 8031 ACORN RIDGE RD JACKSONVILLE, FL 32256			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 _____ <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, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHADE, SHARON 2099 WINTERBOURNE #203 ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBERTY, JOANNE 7801 POINT MEADOWS DR. UNIT 2205 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, SUNA 2119 WINTERBOURNE ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHADE, SHARON 2099 WINTERBOURNE #203 ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOERR, STEPHANIE 8031 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENJAMIN, HELEN 3866 SAN BERNADO DRIVE JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRITTER, RICHARD 1148 HIDEAWAY DR FRUIT COVE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMBERG, GINGER 11916 SURFBIRD CIR JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMP, DORIS 361 W. TROPICAL TRACE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOW, NINA 8026 CHOLD TRAIL JACKSONVILLE, FL 32277	
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>Stephanie J Doerr</u> <u>STEPHANIE J. DOERR</u> <u>4/8/08</u> <u>9049988892</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					