

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006482

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE JACKSONVILLE MASTERWORKS CHORALE, INC.

Current Principal Place of Business:

8031 ACORN RIDGE RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8031 ACORN RIDGE RD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3612709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOERR, STEPHANIE
8031 ACORN RIDGE RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIBERTY, JOANNE
Address: 7801 POINT MEADOWS DR UNIT 2205
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: SCHADE, SHARON
Address: 2099 WINTERBOURNE #203
City-St-Zip: ORANGE PARK, FL 32073

Title: TD () Delete
Name: DOERR, STEPHANIE
Address: 8031 ACORN RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: STRITTER, RICHARD
Address: 1148 HIDEAWAY DR
City-St-Zip: FRUIT COVE, FL

Title: D () Delete
Name: BLOMBERG, GINGER
Address: 11916 SURFBIRD CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: TOW, NINA
Address: 8026 C HOLD TRAIL
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE DOERR

TRSR

04/29/2009

Electronic Signature of Signing Officer or Director

Date