

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90031 031 ****61.25

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DOCUMENT # N99000006557 1. Entity Name NORTH PORT CHORALE, INC.					
Principal Place of Business 6400 WEST PRICE BLVD. MUSIC SUITE NORTH PORT, FL 34286				Mailing Address 6861 MARIUS ROAD NORTH PORT, FL 34287	
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		
6. Name and Address of Current Registered Agent MAPLES, MARY M 6861 MARIUS ROAD NORTH PORT, FL 34287				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, 2007		9. Election Campaign Financing Trust Fund Contribution <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	DP GOERTZ REISELT, RUTH <input checked="" type="checkbox"/> Delete		TITLE	DP Struble, Russell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2860 ANNISTON ROAD		NAME	1879 Canary Palm	
STREET ADDRESS	NORTH PORT, FL 34288		STREET ADDRESS	North Port, FL 34287	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DV LAFICA, MARTIN <input checked="" type="checkbox"/> Delete		TITLE	DV Kissel, Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3437 ROYAL PALM DRIVE		NAME	4298 Corvette Lane	
STREET ADDRESS	NORTH PORT, FL 34288		STREET ADDRESS	NORTH PORT, FL 34287	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DV ROBERTO, DIANNE <input type="checkbox"/> Delete		TITLE		
NAME	2875 EGRET CT		NAME		
STREET ADDRESS	NORTH PORT, FL 34287		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DT MAPLES, MARY <input type="checkbox"/> Delete		TITLE		
NAME	6861 MARIUS ROAD		NAME		
STREET ADDRESS	NORTH PORT, FL 34287		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DS CATELANE, JOYCE <input type="checkbox"/> Delete		TITLE		
NAME	221 TRAILORAMA DR		NAME		
STREET ADDRESS	NORTH PORT, FL 34287		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Mary M Maples</u> MARY M MAPLES <u>1/23/07</u> <u>941 426 5053</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					