

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006557

FILED
Mar 30, 2009
Secretary of State

Entity Name: NORTH PORT CHORALE, INC.

Current Principal Place of Business:

6400 WEST PRICE BLVD.
MUSIC SUITE
NORTH PORT, FL 34286

New Principal Place of Business:

6400 WEST PRICE BLVD.
MUSIC SUITE
NORTH PORT, FL 34291

Current Mailing Address:

6861 MARIUS ROAD
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0974888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPLES, MARY M
6861 MARIUS ROAD
NORTH PORT, FL 34287 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: DP () Delete
Name: ROBERTO, DIANNE
Address: 5429 WATERVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: DV () Delete
Name: LATONA, DIANNE
Address: 4160 WOODLAND BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: DV () Delete
Name: HERNANDEZ, VIRGINIA
Address: 4848 WHISPERING OAKS DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: DT () Delete
Name: MAPLES, MARY
Address: 6861 MARIUS ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: DS () Delete
Name: WILKINS, MICHELE
Address: 4235 BLUE HERON CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: DT () Delete
Name: TAYLOR, ROBERT
Address: 5015 WHITE IBIS DRIVE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: CASE, NANCY
Address: 1751 MOSSY OAK DRIVE
City-St-Zip: NORTH PORT, FL 34287

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
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: MARY M. MAPLES

DT

03/30/2009

Electronic Signature of Signing Officer or Director

Date