

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006557

FILED
Mar 25, 2010
Secretary of State

Entity Name: NORTH PORT CHORALE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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: DV
Name: STRUBLE, RUSS
Address: 1879 CANARY PALM
City-St-Zip: NORTH PORT, FL 34288

Title: DP
Name: CASE, NANCY
Address: 1751 MOSSY OAK DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: DV
Name: SHAR, JEAN
Address: WHITE IBIS DRIVE
City-St-Zip: NORTH PORT, FL 34286

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY M. MAPLES

TREA

03/25/2010

Electronic Signature of Signing Officer or Director

Date