

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006557

FILED  
Apr 02, 2012  
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:** DP  
**Name:** HART, RITA  
**Address:** 1996 SILVER PALM ROAD  
**City-St-Zip:** NORTH PORT, FL 34288 US

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

**Title:** DS  
**Name:** JOHNSON, BARBARA  
**Address:** 3605 BROWNWOOD TERRACE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** DT  
**Name:** MAPLES, MARY  
**Address:** 6861 MARIUS ROAD  
**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

DT

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date