

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706182

**Entity Name:** JACKSONVILLE HARMONY CHORUS, INC.**Current Principal Place of Business:**1704 SHOREVIEW DR  
JACKSONVILLE, FL 32218**Current Mailing Address:**PO BOX 24464  
JACKSONVILLE, FL 32241 US**FEI Number:** 59-6166251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOOCH, ANN  
1704 SHOREVIEW DR  
JACKSONVILLE, FL 32218 US*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

**Officer/Director Detail :**

Title DT  
Name CONNOR, SARAH (SALLY)  
Address 1633 ANTLER TRAIL SOUTH  
City-State-Zip: JACKSONVILLE FL 32234

Title D  
Name SHEA, JUDY  
Address 1572 PALM AVENUE  
City-State-Zip: JACKSONVILLE FL 32218

Title DS  
Name COTIE, ROBIN  
Address 60 ARMAND BEACH DRIVE  
City-State-Zip: PALM COAST FL 32137

Title D  
Name FRIEND, DARLENE  
Address 15722 JIM COURT  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name NEWMAN, ARLENE  
Address 8302 BARQUERO COURT N.  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name GOOCH, ANN  
Address 1704 SHOREVIEW DR  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name THOMPSON, BARBARA  
Address 11964 GREENWOOD COURT  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, PRESIDENT  
Name EUNPU, DEB  
Address 4604 W. CATBRIER CT.  
City-State-Zip: ST. JOHNS FL 32259

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*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: SARAH (SALLY) CONNOR****FINANCIAL MANAGER****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ATCHISON, JENNIFER
Address	7271 EAGLES PERCH DR
City-State-Zip:	JACKSONVILLE FL 32244