

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746280

**Entity Name:** CHORAL ARTISTS OF SARASOTA, INC.

**Current Principal Place of Business:**

1844 4TH STREET - STE. 1  
SARASOTA, FL 34236

**Current Mailing Address:**

BOX 52987  
SARASOTA, FL 34232 US

**FEI Number:** 59-1913814

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, SUSAN  
1844 4TH STREET - STE. 1  
SARASOTA, FL 34236 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           TREASURER  
Name           SPOTTSWOOD, MARY LOU  
Address        611 HARBOR SHORE DR  
City-State-Zip: NOKOMIS FL 34275

Title           SECRETARY  
Name           BRINKER, SANDRA  
Address        8750 GREY OAKS AVENUE  
City-State-Zip: SARASOTA FL 34238

Title           PRESIDENT  
Name           KIMBELL, WILLIAM  
Address        380 GULF OF MEXICO DRIVE  
                  #512  
City-State-Zip: LONGBOAT KEY FL 34228

Title           EX OFFICIO  
Name           JOSEPH HOLT  
Address        1694 PROSPECT ST  
City-State-Zip: SARASOTA FL 34239

Title           DIRECTOR  
Name           AYERS, MARY JANE  
Address        8494 CYPRESS HOLLOW DRIVE  
City-State-Zip: SARASOTA FL 34238

Title           EX OFFICIO  
Name           EXECUTIVE DIRECTOR  
Address        P.O. BOX 52987  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           RICEBERG, RONNIE  
Address        10229 EASTWOOD DRIVE  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title           DIRECTOR  
Name           MOE, ANN  
Address        1111 N. GULFSTREAM AVE. # 1-C  
City-State-Zip: SARASOTA FL 34236

**Continues on page 2**

*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:** SUSAN BURKE

**EXECUTIVE DIRECTOR**

**05/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HAMAD, RENEE  
Address        1753 NORTH DR  
City-State-Zip: SARASOTA FL 34239

Title           EX OFFICIO  
Name           GREENE, SHARON  
Address        6167 PALOMINO CIRCLE  
City-State-Zip: UNIVERSITY PARK FL 34201

Title           DIRECTOR  
Name           BOEDECKER, JACKI  
Address        1607 NORTH DRIVE  
City-State-Zip: SARASOTA FL 34239