

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

DOCUMENT# N02000000236

**Entity Name:** INDIALANTIC CHAMBER SINGERS, INC.**Current Principal Place of Business:**

P.O.BOX 34048

INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O.BOX 34048

INDIALANTIC, FL 32903 US

**FEI Number:** 59-3733650**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CONRADT, NICOLE

1015 SEDGEWOOD CIR

MELBOURNE, FL 32904 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:** NICOLE CONRADT

05/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	MARTINEZ, MIRIAM	Name	SPADAFORA, ANTHONY J
Address	P.O.BOX 34048	Address	P.O.BOX 34048
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	S	Title	T
Name	SMITHY, KRISSY	Name	CONRADT, NICOLE
Address	P.O.BOX 34048	Address	P.O.BOX 34048
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	GR	Title	COMPTROLLER
Name	CLARK, ROBYN	Name	BROWN, ANNE
Address	1545 MERCURY STREET	Address	P.O.BOX 34048
City-State-Zip:	MERRITT ISLAND FL 32953	City-State-Zip:	INDIALANTIC FL 32903
Title	GR	Title	GR
Name	RAYMOND, MC COWN	Name	MARVIN, BETSY A
Address	P.O.BOX 34048	Address	P.O.BOX 34048
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

*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:** NICOLE CONRADT**TREASURER**

05/11/2020

Electronic Signature of Signing Officer/Director Detail

Date