

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005473

**Entity Name:** VIA NOVA CHORALE INC

**Current Principal Place of Business:**

2050 OAK ST  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 50581  
SARASOTA, FL 34232 US

**FEI Number:** 27-2822198

**Certificate of Status Desired:** No

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

SMITH, JEFF  
6937 COUNTRY LAKES CIRCLE  
SARASOTA, FL 34243 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:** JEFF SMITH

01/30/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MORRIS, NANCY  
Address        3929 BREEZEMONT DRIVE  
City-State-Zip: SARASOTA FL 34232

Title           DIRECTOR  
Name           LILLEY, RICHARD  
Address        12814 KITE DRIVE  
City-State-Zip: BRADENTON FL 34212

Title           SECRETARY  
Name           BRUNTS, JANICE J  
Address        8375 GLENROSE WAY #211  
City-State-Zip: SARASOTA FL 34238

Title           DIRECTOR  
Name           LOCKARD, BARRY  
Address        27 DOGWOOD BLDG.  
                  VILLAGE OF PINEFORD  
City-State-Zip: MIDDLETOWN PA 17057-2508

Title           DIRECTOR  
Name           LETELIER, CARMEN  
Address        12814 KITE DRIVE  
City-State-Zip: SARASOTA FL 34212

Title           PRESIDENT  
Name           SMITH, JEFF  
Address        6937 COUNTRY LAKESCIRCLE  
City-State-Zip: SARASOTA FL 34243

Title           VP  
Name           HUNDER, JANE  
Address        4536 GLEBE FARM RD  
City-State-Zip: SARASOTA FL 34235

Title           DIRECTOR  
Name           KIMBALL, WILLIAM  
Address        380 GULF OF MEXICO DR  
                  2034  
City-State-Zip: LONGBOAT KEY FL 34228

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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:** NANCY MORRIS

TREASURER

01/30/2026

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           DIREC  
Name           O'CONNOR, TIMOTHY  
Address        14307 FLAT WOODS TERR  
City-State-Zip: LAKEWOOD RANCH FL 34211