

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005473

Entity Name: MUSICA SACRA CANTORUM, INC.**Current Principal Place of Business:**3929 BREEZEMONT DR
SARASOTA, FL 34232**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:**MORRIS, NANCY
3929 BREEZEMONT DRIVE
SARASOTA, FL 34232 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:** NANCY MORRIS

01/04/2024

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	HUNDER, JAMES
Address	4536 GLEBE FARM RD
City-State-Zip:	SARASOTA FL 34235

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

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

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

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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

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KEEN, SUZANNE
Address 16707 BLACKWATER TERRACE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name RAINES, SUSAN
Address 5707 45TH ST E
 LOT 179
City-State-Zip: BRADENTON FL 34203