

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001783

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: PRELUDE CHAMBER MUSIC, INC.

**Current Principal Place of Business:**

4770 APACHE AVE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4770 APACHE AVE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: 05-0558398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAJORS, JEANNE J  
4770 APACHE AVE  
JACKSONVILLE, FL 32210 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAJORS, JEANNE J  
Address: 4770 APACHE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: HUMBERT, VERNON  
Address: 1440 LIVE OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: CHAPPELL, CHRIS  
Address: 564 MATTERHORN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: PFOHL, CAROLYN D  
Address: 4121 NISIDA PALCE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: HAGAN, NORMA G  
Address: 808 INWOOD TERRACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: MACDONALD, PETER  
Address: 1850 BAYARD PL N  
City-St-Zip: JACKSONVILLE, FL 32205

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: NORMA G HAGAN

MS

04/12/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date