

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 17, 2008  
Secretary of State

DOCUMENT# N03000001783

Entity Name: PRELUDE CHAMBER MUSIC, INC.

**Current Principal Place of Business:**

4770 APACHE AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4770 APACHE AVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 05-0558398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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      ( ) Delete  
Name: MAJORS, JEANNE J  
Address: 4770 APACHE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: D      ( ) Delete  
Name: PFOHLELL, CAROLYN D  
Address: 4121 NISIDA PALCE  
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: D      ( ) Delete  
Name: BAILEY, KRISTIN L  
Address: 7843 MANORS OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMA HAGAN

D

06/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date