## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 706561

(8)

## BROWARD COUNTY GOSPEL SINGERS ASSOCIATION, INC.

Principal Place of Business Mailing Address							1 100111 10011 03110 01101 01110 01101		14 (11) 11		
%ALICE SKINNER         %ALICE SKINNER           2981 NW 10TH COURT         2981 NW 10TH COURT           FT LAUDERDALE FL 33311         FT. LAUDERDALE FL 33				2211							
FT. LAUDERDALE FL 33311			F). ENUDERDALE PE 33311				3. Date incorporated or Qualified 12/17/1963 3a. Date of Last Report 03/15/1995				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For				
21			26				NOT APPLICABLE Not Applicable \$8.75 Additional				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	·	Fee F	Required	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Žφ	· —		Zip Cou			r	8. This corporation has liability for intangible taxunder s. 199.032,  Florida Statutes  ☐ Yes W No   Output  Description:				
24	25	29		30			Florida Statutes LJ Yes LY No  10. Name and Address of New Registered Agent				
	9. Name and Address of Currer	it Hegist	erea Agent		81	Name	10. Name and Address of New A	egistoled Ago			
SKINNER, ALICE					82		ress (P.O. Box Number is Not Acceptab	le)			
2981 N.W. 10TH COURT FORT LAUDERDALE FL 33311											
FURITA	NUDERDALE FL 33311				84	City		8	5 Zp	Code	
			_			'		FL °			
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such	change was autrioriz	ed by the d	ve-r corp	named corpor poration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appe	pose of changi pintment as reg	ng its re istered	agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and little if a	pplicable (NC	TE Registered	. Ден	nt signature require	ed when renetating	DATE			
12.	OFFICERS AN						ADDITIONS/CHANGES TO OFF	ICERS AND D	RE CI O	RS IN 12	
TITLE	PD	DELETE		1.1 TI	1.1 TITLE				hange	☐ Addition	
NAME	WEBB, JAMES C.			1.2 N	AME						
STREET ADDRESS	1208 NW 1ST ST.			1.3 S	REET	I ADDRESS					
CITY - ST - ZIP	FT. LAUDERDALE FL			_+	1.4 CITY - ST-ZIP			r i	haoga	Addition	
TITLE	D		DELETE	2 1 1111					hange	Addition	
NAME	WILSON, WOODROW			2 2 N.							
STREET ADDRESS		120 NW 28TH ST.		- 1		I ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		Fine etc	2 4 C/TY 3 1 T/TLI		ST-ZIP			hange	☐ Addition	
TITLE	D HOEADDEN HADDY	DELETE		37 N				Δ,	gc		
NAME	MCFADDEN, HARDY					T ADDRESS					
STREET ADDRESS	1940 N.W. 6TH AVE. FT. LAUDERDALE FL					ì					
CITY-ST-ZIP TITLE	SD				3.4. CITY - ST - ZIP 4.1 TITLE				hange	Addition	
NAME	SKINNER, ALICE		<del></del>	4 2 1		:					
STREET ADDRESS	2981 NW 10TH COURT					- LADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL					\$T-ZIP					
TITLE	TVD		DELETE	51T					Change	Add tion	
NAME	WILLIAMS, PHIL			5 2 N	AMÉ	.					
STREET ADDRESS	1801 NW 26TH AVE.			538	TREE	1 ADDRESS					
City - ST - ZiP	FT. LAUDERDALE FL			5.4 CITY		ST-ZIP					
TITLE		DELETE		61T	61 TITLE				Change	☐ Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 S	TREE	ET ADDRESS					
CITY-ST-ZIP				6.4 0	ary-	ST-ZIP					
14 Leie besch	by certify that the information supplied if the information indicated on this annual	with this	filing is voluntarily fun t or supplemental and	nished and nual report	do: is tr	es not qualify rue and accur	for the exemption stated in Section 119 ate and that my signature shall have the	.07(3)(k), Florida same legal effe	i Statul ect as i	tes. I further f made under	

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eenotari

3/ 8- 96 Dayt me Phone #

CR2E037 (12/95)