

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 18, 2005
Secretary of State

DOCUMENT# N04000009861

Entity Name: COMMUNITY QUARTET UNION OF FLORIDA INC.**Current Principal Place of Business:**3746 14TH AVE SO.
SAINT PETERSBURG, FL 33711 US**New Principal Place of Business:**955 21ST AVENUE SOUTH
SAINT PETERSBURG, FL 33705 US**Current Mailing Address:**P.O. BOX 531261
SAINT PETERSBURG, FL 33747 US**New Mailing Address:**955 21ST AVENUE SOUTH
SAINT PETERSBURG, FL 33705 US**FEI Number:** 36-4562376**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANE, MATTY C
3746 14TH AVE. SOUTH
SAINT PETERSBURG, FL 33711 US**Name and Address of New Registered Agent:**ROBINSON, DENNIS
955 21ST AVENUE SOUTH
SAINT PETERSBURG, FL 33705 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: DENNIS ROBINSON

11/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: LANE, MATTY C
Address: 3746 14TH AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711 US

Title: VP () Delete
Name: ROBINSON, DENNIS
Address: 955 21ST AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705 US

Title: 2VP () Delete
Name: ALLEN, PATRICIA
Address: 625 36TH AVE. SO.
City-St-Zip: SAINT PETERSBURG, FL 33705 US

Title: D (X) Delete
Name: FREEMAN, MARY
Address: 5425 26TH ST. SO. APT # 47
City-St-Zip: SAINT PETERSBURG FL., FL 33712 US

Title: RS (X) Delete
Name: TALBERT-JONES, CARRIE
Address: 1730 54TH TERRACE SOUTH APT A
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: D () Delete
Name: EVANS, MINERVA
Address: 1733 37TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS ROBINSON

VP

11/18/2005

Electronic Signature of Signing Officer or Director

Date