## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003389

BOUTWELL, RHONDA

4509 CREEKMOOR DR

PENSACOLA, FL 32501

WILLIAMS, TERI

828 CHALLEN CIR N

CHRISTENOT, GARY

907 CLOVERDALE CT

FT WALTON BCH, FL 32547

MOBILE, AL 36608

() Delete

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Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

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Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Name: THE PHYLLIS MERRITT SINGERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 907 CLOVERDALE COURT FT WALTON BEACH, FL 32547 **Current Mailing Address: New Mailing Address:** 907 CLOVERDALE COURT FT WALTON BEACH, FL 32547 FEI Number: 20-2529776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTENOT, GARY 907 CLOVRDÁLE COURT FT WALTON BEACH, FL 32547 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHRISTENOT, GARY Name: Name: 907 CLOVERDALE COURT Address: Address: City-St-Zip: T WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition BURLESON, SUSAN B Name: Name: Address: 1700 E GADSDEN ST Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, TERI Name: Name: 828 CHALLEN CIR N Address: Address: City-St-Zip: MOBILE, AL 36608 City-St-Zip: Title: ( ) Delete Title: DV (X) Change ( ) Addition

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

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SAM, WAITE

WILLIAMS, TERI

FDGE MARY

828 CHALLEN CIR N

6609 CHELSEA STREET

PENSACOLA, FL 32506

MOBILE, AL 36608

DS.

1424 TEMPLEMORE DRIVE

(X) Change ( ) Addition

(X) Change ( ) Addition

CANTONMENT, FL 32533

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY B. CHRISTENOT

P 04/28/2008