2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003389

FILED Apr 19, 2009 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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CHRISTENOT, GARY CHRISTENOT, GARY Name: Name: 907 CLOVERDALE COURT Address: 907 CLOVERDALE COURT Address: City-St-Zip: T WALTON BEACH, FL 32547 City-St-Zip: FT WALTON BEACH, FL 32547

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: DV () Delete Title: () Change () Addition

SAM, WAITE Name: Name: 1424 TEMPLEMORE DRIVE Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip:

Title: DS () Delete Title: (X) Change () Addition

WILLIAMS, TERI LEE, DOUGLAS Name: Name: 828 CHALLEN CIR N 2027 COPLEY DRIVE Address: Address: City-St-Zip: MOBILE, AL 36608 City-St-Zip: PENSACOLA, FL 32503

Title: () Delete Title: () Change () Addition

FDGE MARY Name: Name: Address: 6609 CHELSEA STREET Address: PENSACOLA, FL 32506 City-St-Zip: 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: GARY B. CHRISTENOT **PRES** 04/19/2009