## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003820

Apr 30, 2008 Secretary of State

Entity Name: AMERICAN GOSPEL QUARTET CONVENTION, FORT LAUDERDALE, WEST PALM BEACH, AND MIAMI

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2300 NW 22ND STREET FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

2300 NW 22ND STREET FORT LAUDERDALE, FL 33311

FEI Number: 75-3188343 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:

MCMCORMICK, SAMUEL 2300 NW 22ND STREET FORT LAUDERDALE, FL 33311 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:

Electronic Signature of Registered Agent Date

## Electronic Signature of Registered At

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MCCORMICK, SAMUEL L
 Name:

 Address:
 2300 NW 22ND STREET
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: VD1 ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RILEY, JOE
 Name:

 Address:
 7900 NW 27TH AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:

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

 Name:
 WRIGHT, ROBERT
 Name:

 Address:
 9480 NW 52ND STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:

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

 Name:
 GILBERT, JULIE
 Name:

 Address:
 2300 NW 22 ST
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: VD2 ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCCORMICK, QUEEN
 Name:

 Address:
 2300 NW 22 ST
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33311
 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: SAMUEL MCCORMICK PD 04/30/2008