

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006058

FILED
Apr 17, 2006
Secretary of State

Entity Name: ALL GOD'S CHILDREN PERFORMING ARTS CENTER, INC.

Current Principal Place of Business:

317 PEGGY DRIVE
CRESTVIEW, FL 32536

New Principal Place of Business:

75 BEAL PARKWAY NE
CINCO BAYOU, FL 32548

Current Mailing Address:

317 PEGGY DRIVE
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 16-1638526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HICKS, PATRICIA
2591 DANA COURT
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ALSTON, SONJA
Address: 317 PEGGY DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: V () Delete
Name: JORDAN, MONICA
Address: 59 JONQUIL AVE
City-St-Zip: FT WALTON BCH, FL 32548

Title: S () Delete
Name: HICKS, PATRICIA
Address: 2591 DANA COURT
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: TAYLOR, HANK
Address: 61 MARY ESTHER
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: LOVETT, PEMICIA
Address: 419 CANTERBERRY CT
City-St-Zip: FT WALTON BCH, FL 32548

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: D (X) Change () Addition
Name: LOVETT, PERNETIA
Address: 419 CANTERBERRY CT
City-St-Zip: FT WALTON BCH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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: SONJA ALSTON

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date