

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006058

FILED  
Apr 24, 2007  
Secretary of State

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

## Current Principal Place of Business:

75 BEAL PARKWAY NE  
CINCO BAYOU, FL 32548

## New Principal Place of Business:

317 PEGGY DRIVE  
CRESTVIEW, FL 32536

## Current Mailing Address:

317 PEGGY DRIVE  
CRESTVIEW, FL 32536

## New Mailing Address:

PO BOX 297  
SHALIMAR, FL 32579

FEI Number: 16-1638526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HICKS, PATRICIA  
2591 DANA COURT  
SHALIMAR, FL 32579 US

## Name and Address of New Registered Agent:

HICKS, PATRICIA A  
2591 DANA COURT  
SHALIMAR, FL 32579 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: PATRICIA A. HICKS

04/24/2007

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 (X) Delete  
Name: LOVETT, PERNETIA  
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: V (X) Change ( ) Addition  
Name: JORDAN, MONICA  
Address: 2401 HIDDEN GROVE LANE  
City-St-Zip: SCHERTZ, TX 78154

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

Title: T (X) Change ( ) Addition  
Name: LOVETT, PERNETIA  
Address: 10508 WILDERNESS LANE  
City-St-Zip: PENSACOLA, FL 32534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SONJA ALSTON

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date