

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-13-2006 90081 027 *****61.25

N05000010791

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:31

DOCUMENT # N05000010791

1. Entity Name

SON-SHINE GOSPEL SINGERS ASSOCIATION INC.



Principal Place of Business

201 MISSISSIPPI AVE
ST CLOUD FL 34769

Mailing Address

201 MISSISSIPPI AVE
ST CLOUD FL 34769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

56-2572372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, CONSTANCE
201 MISSISSIPPI AVE
ST CLOUD FL 34769

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Constance Wilcox Constance Wilcox

3-2-06

Signature typed or printed name of registered agent and not if applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILCOX, RICHARD
201 MISSISSIPPI AVE
ST CLOUD FL 34769 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLAKELY, ARNOLD II
PO BOX 5678
ENDICOTT NY 13763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
ARNOLD BLAKELY II
411 TOWN SQUARE CT.
ST CLOUD, FL. 34769 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILCOX, CONSTANCE
201 MISSISSIPPI AVE
ST CLOUD FL 34769 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Constance Wilcox Constance Wilcox

3-2-06 407-892-3909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #