

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010791

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** SON-SHINE GOSPEL SINGERS ASSOCIATION INC.

**Current Principal Place of Business:**

201 MISSISSIPPI AVE  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

201 MISSISSIPPI AVE  
ST CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 56-2572372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILCOX, CONSTANCE  
201 MISSISSIPPI AVE  
ST CLOUD, FL 34769 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: D ( ) Delete  
Name: WILCOX, RICHARD  
Address: 201 MISSISSIPPI AVE  
City-St-Zip: ST CLOUD, FL 34769

Title: D ( ) Delete  
Name: BLAKELY, ARNOLD II  
Address: 965 JUANITA ST  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: WILCOX, CONSTANCE  
Address: 201 MISSISSIPPI AVE  
City-St-Zip: ST CLOUD, FL 34769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLAKELY, ARNOLD II  
Address: 1091 STONEHAM DR  
City-St-Zip: GROVELAND, FL 34736

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: CONSTANCE WILCOX

SECR

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date