2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009447

FILED Juņ 16, 2<u>00</u>9 Secretary of State

Entity Name: R & W YOUTH GOSPEL JAMZ EXPLOSION, INC.

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

2303 WEST MCNAB ROAD 160 SOUTHWEST 8 STREET

SUITE 3 NO. 4

POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

2303 WEST MCNAB ROAD 160 SOUTHWEST 8 STREET NO. 4

SUITE 3 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33060

FEI Number: 32-0073151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROBINSON, ANDRAMEDIA C ROBINSON, ANDRAMEDIA C

2303 WEST MCNAB ROAD 160 SW 8 STREET

SUITE 3 NO. 4

POMPANO BEACH, FL 33060 US POMPANO BEACH, FL 33069 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: ANDRAMEDIA C. ROBINSON 06/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ROBINSON, ANDRAMEDIA C ROBINSON, ANDRAMEDIA C Name: Name: P.O. BOX 601 Address: 160 SW 8 STREET, NO. 4 Address:

City-St-Zip: POMPANO BEACH, FL 33061 City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete Title: (X) Change () Addition

Name: EVERETTE, KIMBERLY Name: JONES, AMY M Address: 1601 NW 6TH COURT, APARTMENT 207 Address: **3110 NW 5 STREET**

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

Title: () Delete Title: (X) Change () Addition

WRIGHT, DAVID A ROBINSON, BESFANTANETTE T Name: Name: 160 SW 8 STREET, NO. 4 Address: P.O. BOX 601 Address: City-St-Zip: POMPANO BEACH, FL 33061 City-St-Zip: POMPANO BEACH, FL 33060

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: ANDRAMEDIA C. ROBINSON D 06/16/2009

Electronic Signature of Signing Officer or Director

Date