2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# N08000005479

Entity Name: GMS CHORUS BOOSTERS, INC.

Current Principal Place of Business:

4530 28TH COURT
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4530 28TH COURT
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 26-1497038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MONICA WELLMAKER, CPA
1500 14TH AVE SUITE B
VERO BEACH, FL 32960 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: NORAIR, DIANE
Address: 105 49TH AVE
City-St-Zip: VERO BEACH, FL 32968

Title: VP ( ) Delete
Name: PIERCE, LORI
Address: 1096 26TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete
Name: DEMERS, CHRISTINA
Address: 1005 39TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: POWERS, BARBARA
Address: 3045 BUCKINGHAMMOCK TRAIL
City-St-Zip: VERO BEACH, FL 32960

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:

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: LORI PIERCE VP 06/12/2008
Electronic Signature of Signing Officer or Director — Date