## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005479

Entity Name: GMS CHORUS BOOSTERS, INC.

Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4530 28TH COURT VERO BEACH, FL 32967

**Current Mailing Address: New Mailing Address:** 

4530 28TH COURT VERO BEACH, FL 32967

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

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

MONICA WELLMAKER, CPA 1500 14TH AVE SUITE B VERO BEACH, FL 32960 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

NORAIR, DIANE BREWSTER, MELISSA Name: Name: Address: 105 49TH AVE Address: **6345 49TH STREET** City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: VERO BEACH, FL 32967

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

Name: PIERCE, LORI Name: PIERCE, LORI Address: 1096 26TH STREET Address: 1096 26TH STREET City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

Title: () Delete Title: SEC (X) Change ( ) Addition DEMERS, CHRISTINA WALKER, CONNIE Name: Name:

1635 CHERRYSTONE WAY Address: 1005 39TH AVE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32963

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

POWERS, BARBARA Name: Name: 3045 BUCKINGHAMMOCK TRAIL Address: Address: City-St-Zip: VERO BEACH, FL 32960 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 Ρ 04/29/2009