2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# N51358

Entity Name: GULF COAST YOUTH CHOIRS, INC.

Current Principal Place of Business:

P O BOX 273656
TAMPA, FL 336883656

New Principal Place of Business:

Current Mailing Address:

P O BOX 273656
TAMPA, FL 336883656

New Mailing Address:

FEI Number: 59-3142234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GACKLE, LYNNE
18934 ST. LAURENT DR.
LUTZ, FL 33558 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:	HARE, SUE	
Address:	624 MARMORA AVE.	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	ROBERTSON, ZENIA	
Address:	2811 ORMANDY CT	
City-St-Zip:	TAMPA, FL 33618	
Title:	PD	( ) Delete
Name:	SALYERS, JANET	
Address:	13916 PEPPERELL DRIVE	
City-St-Zip:	TAMPA, FL 33624	
Title:	D,VP	( ) Delete
Name:	PELHAM, NADINE	
Address:	17333 SIMMONS RD	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	PACHECO, CHERIE	
Address:	2006 CHICKWOOD COURT	
City-St-Zip:	TAMPA, FL 33618	
Title:	D,ST	( ) Delete
Name:	DAVIDSEN, CLAUDIA	
Address:	103 2ND ST. NW	
City-St-Zip:	RUSKIN, FL 33570	

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA DAVIDSEN D,ST 01/31/2005

Electronic Signature of Signing Officer or Director — Date