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FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006103 (3)**

1. Corporation Name

G.C. GOSPEL SINGERS, INC.

Principal Place of Business

**2981 NW 47TH ST
MIAMI FL 33142**

Mailing Address

**2981 NW 47TH ST
MIAMI FL 33142**



3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

65-0776655

Applied For

Not Applicable

2. Principal Place of Business

21 G.C. GOSPEL SINGERS, INC.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 2981 NW 47 ST

27 Suite, Apt. #, etc.

23 City & State

MIAMI

28 City & State

24 Zip

33142

25 Country

DADE

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCCREA, LILLIE B
2981 NW 47TH ST
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREA, LILLIE B	
STREET ADDRESS	2981 NW 47TH ST	
CITY - ST - ZIP	MIAMI FL 33142	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LINDA (ANNETTE)	
STREET ADDRESS	220 SW 3RD ST	
CITY - ST - ZIP	DANIA FL 33009	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, TONJA	
STREET ADDRESS	10880 SW 220TH ST	
CITY - ST - ZIP	MIAMI FL 33170	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANNETTE SMITH
2.3 STREET ADDRESS	220 S.W. 3RD ST.
2.4 CITY - ST - ZIP	DANIA, FL 33009

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIE MCCREA
Date **4/26/98** 305-634-4578
Daytime Phone **0029771**

CR2E037 (10/97)