

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000006545

1. Entity Name

THE ALUMNI SINGERS, INC.



Principal Place of Business

**426 KINGSTON STREET, S.
ST. PETERSBURG, FL 33711**

Mailing Address

**P.O. BOX 10238
ST. PETERSBURG, FL 33731**



01162006 No Chg-NP

CR2E037 (11/05)

**4. FEI Number
59-3557754**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOBBS, CAROLYN E
426 KINGSTON STREET, S.
ST. PETERSBURG, FL 33711**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D/P
NAME ANDERS, ROBERT L
STREET ADDRESS 1841 AMERIA WAY, S.
CITY-ST-ZIP ST. PETERSBURG, FL 33712**

**TITLE DVP
NAME LAMPLEY, MALCOLM L
STREET ADDRESS 2713 63RD STREET, S.
CITY-ST-ZIP ST. PETERSBURG, FL 33712**

**TITLE D/S
NAME CLENDENING, CONSTANCE
STREET ADDRESS 6319 25TH STREET, S.
CITY-ST-ZIP ST. PETERSBURG, FL 33712**

**TITLE D/T
NAME DUTCHER, WALTON D
STREET ADDRESS 1951 72ND AVENUE, N.E.
CITY-ST-ZIP ST. PETERSBURG, FL 33702**

**TITLE D
NAME HOBBS, CAROLYN E
STREET ADDRESS 426 KINGSTON STREET, S.
CITY-ST-ZIP ST. PETERSBURG, FL 33711**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

WALTON D. DUTCHER, JR.

SIGNATURE

Walton D. Dutcher, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 727-526-5510

Date

Daytime Phone #