

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006545

FILED
May 18, 2009
Secretary of State

Entity Name: THE ALUMNI SINGERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3557754 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:

Name and Address of New Registered Agent:

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

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/P () Delete
Name: ANDERS, ROBERT L
Address: 1841 AMERIA WAY, S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DVP () Delete
Name: LAMPLEY, MALCOLM L
Address: 2713 63RD STREET, S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DT () Delete
Name: CLENDENING, CONSTANCE
Address: 6319 25TH STREET S, APT 117
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DS () Delete
Name: THOMAS, MAUREEN E
Address: 2200 BEACH DRIVE, S.E.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: HOBBS, CAROLYN E
Address: 426 KINGSTON STREET, S.
City-St-Zip: ST. PETERSBURG, FL 33711

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:

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: CONSTANCE M. CLENDENING

DT

05/18/2009

Electronic Signature of Signing Officer or Director

Date