

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006545

FILED  
Jan 06, 2010  
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 ( )**

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

HOBBS, CAROLYN E  
426 KINGSTON STREET, S.  
ST. PETERSBURG, FL 33711 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/P  
Name: ANDERS, ROBERT L  
Address: 1841 AMERIA WAY, S.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D/V  
Name: LAMPLEY, MALCOLM L  
Address: 2713 63RD STREET, S.  
City-St-Zip: ST. PETERSBURG, FL 33712

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CONSTANCE M. CLENDENING

DT

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date