


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005233 1. Entity Name MICHAEL GRADY AND NEW GULF COAST CHOIR CORPORATION	
---	---

Principal Place of Business 6020 CHERRY STREET PANAMA CITY, FL 32404	Mailing Address 6020 CHERRY STREET PANAMA CITY, FL 32404
--	--

DO NOT WRITE IN THIS SPACE



05042007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCOON, CECILE M 36 OAK AVE PANAMA CITY, FL 32401
--

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: *Cecil M. Scoon* 5/1/07 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MICHAEL L SR 6020 CHERRY STREET PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MECHELLE 6020 CHERRY STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MICHAEL L JR P. O BOX 10695 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, ANNE 102 S. CHARLENE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARE, MESHAL 2100 SAWMILL ROAD APT 7-201 RIVER RIDGE, LA 70123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEE, JAMES 1620 FOUNTAIN AVENUE PANAMA CITY, FL 32405

000000762320
05/29/07-80003-012 61.25

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.

SIGNATURE: *Michael Grady* 5/1/07 850.871.9480 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR