

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 020 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCOON, CECILE M 36 OAK AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MICHAEL L SR <input type="checkbox"/> Delete 6020 CHERRY STREET PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MECHELLE <input type="checkbox"/> Delete 6020 CHERRY STREET PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MICHAEL L JR <input type="checkbox"/> Delete P. O BOX 10695 PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, ANNE <input type="checkbox"/> Delete 102 S. CHARLENE PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARE, MESHA L <input type="checkbox"/> Delete 2100 SAWMILL ROAD APT 7-201 RIVER RIDGE, LA 70123				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEE, JAMES <input type="checkbox"/> Delete 1620 FOUNTAIN AVENUE PANAMA CITY, FL 32405				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Mechelle L. Grady</i>		4.29.08		850.871.9480	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	