

2000 UNIFORM BUSINESS REPORT (UBR)

4/14/1

FILED
Jul 28, 2000 8:00 am
Secretary of State

04-19-2000 90093 045 ****61.25

DOCUMENT # N99000005444

1. Entity Name

THE BLESSED COMMUNITY GOSPEL CHOIR, INC.

Principal Place of Business

E-20 11TH AVENUE
 KEY WEST FL 33040

Mailing Address

E-20 11TH AVENUE
 KEY WEST FL 33040-5870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0816044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN-LEGGETT, JOAN
E-20 11TH AVENUE
KEY WEST FL 33040

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

JOAN Fortson T
209 Virginia St.
Keywest FL 33040

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

EUGENIA Y. Thurston-D
204 Julia St.
Keywest FL 33040

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DARLENE Bennett-T
619 MICKENS LN
Keywest FL 33040

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Allen Leggett 4/12/00 (305) 294-3734