2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000091662** 04-20-2005 90309 015 ***150.00 1. Entity Name APPOINTED GOSPEL SINGERS, INC. Mailing Address Principal Place of Business PO BOX 1882 1420 SW 85TH AVE PEMBROKE PINES, FL 33025 OPA LOCKA, FL 33055 2. Principal Place of Business 3. Mailing Address 10406 S.W. 24th Street Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04132005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 30-0235147 Not Applicable Miramar, Florida Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33025 U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOCKDALE, JOYCE-L. STOCKDALE, JOYCE L Street Address (P.O. Box Number is Not Acceptable) 1420 SW 85TH AVE 10406 S.W. 24th Street PEMBROKE PINES, FL 33025 City Zip Code Miramar, 33025 9. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE XIXI Change TITLE P/S STOCKDALE, JOYCE L. 10406 S.W. 24th Street STOCKDALE, JOYCE L NAME NAME 1420 SW 85TH AVE STREET ADDRESS STREET ADDRESS Miramar, Florida, 33025 PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP THE XX Change Addition TITLE ☐ Delete JENKINS, ZELMA JENKINS, ZELMA NAME NAME 10406 S.W. 24th Street 1420 SW 85TH AVE STREET ADDRESS STREET ADDRESS Miramar, Florida, 33025 PEMBROKE PINES, FL 33025 CITY-ST-7IP C/TY-ST-7/2 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Addition ITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 607, 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. 4-18-05 305-332-9812 SIGNATURE:

FILED

Apr 20, 2005 8:00 am