

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32285

FILED
Jan 08, 2008
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF TEACHERS OF SINGING, INC.

Current Principal Place of Business:

9957 MOORINGS DRIVE
SUITE 401
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9957 MOORINGS DRIVE
SUITE 401
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 36-6118354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JAMES A P.A.
4114 HERSCHEL ST STE 105
JACKSONVILLE, FL 32210 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: ST () Delete
Name: HENDERSON, ALLEN
Address: 110 LAKESIDE COURT
City-St-Zip: STATESBORO, GA 30458 US

Title: VP () Delete
Name: PEELER, KAREN
Address: 220 ST. ANTOINE STREET
City-St-Zip: COLUMBUS, OH 43085 US

Title: VP () Delete
Name: SWANSON, CARL
Address: 40 MAYFLOWER RIDGE DRIVE
City-St-Zip: WAREHAM, MA 02571 US

Title: PP () Delete
Name: DILLARD, JANE
Address: 9719 CHESTNUT RD
City-St-Zip: WAXHAW, NC 281737588 US

Title: P () Delete
Name: RANDALL, MARTHA
Address: 10220 CONOVER DRIVE
City-St-Zip: SILVER SPRING, MD 20902 US

Title: ED () Delete
Name: SMITH, KANDIE K
Address: 2529 DEERWOOD LANE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: HENDERSON, ALLEN C
Address: 110 LAKESIDE COURT
City-St-Zip: STATESBORO, GA 30458 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLEN HENDERSON

ST

01/08/2008

Electronic Signature of Signing Officer or Director

Date