

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003389

**Entity Name:** THE PHYLLIS MERRITT SINGERS, INC.**Current Principal Place of Business:**1424 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533**Current Mailing Address:**1424 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533**FEI Number:** 20-2529776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAITE, SAM  
1424 TEMPLEMORE DRIVE  
CANTONMENT, FL 32533 US*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**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DP                    |
| Name            | WAITE, SAMUEL H       |
| Address         | 1424 TEMPLEMORE DRIVE |
| City-State-Zip: | CANTONMENT FL 32533   |

|                 |                    |
|-----------------|--------------------|
| Title           | DT                 |
| Name            | BURLESON, SUSAN B  |
| Address         | 1700 E GADSDEN ST  |
| City-State-Zip: | PENSACOLA FL 32501 |

|                 |                    |
|-----------------|--------------------|
| Title           | DS                 |
| Name            | GAINES, CAROL      |
| Address         | 31850 GRAFTON ROAD |
| City-State-Zip: | LILLIAN AL 36549   |

|                 |                    |
|-----------------|--------------------|
| Title           | DV                 |
| Name            | LINDA, DYKES       |
| Address         | 5265 POPLAR STREET |
| City-State-Zip: | MILTON FL 32570    |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | LEE, DOUGLAS       |
| Address         | 2027 COPLEY DRIVE  |
| City-State-Zip: | PENSACOLA FL 32503 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | EDGE, MARY          |
| Address         | 6609 CHELSEA STREET |
| City-State-Zip: | PENSACOLA FL 32506  |

*I hereby 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 all other like empowered.*

**SIGNATURE: SAMUEL WAITE****PRESIDENT****01/09/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date