FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769275 (9)

1. Corporation Name
GULF TO BAY CHAPTER, INC.

Principal Place of Business	Mailing Address
C/O SHIRLEY MYERS 4412 IMPERIAL PALM LARGO FL 34641 US	C/O SHIRLEY MYERS 4412 IMPERIAL PALMS LARGO FL 34641 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6205646 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 C/O MARY JO OLDHAM	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1201 CARA DRIVE	Suite, Apt. #, etc. 27
City & State 23 LARGO, FL	City & State 28
Zip / Country 24 34641 / 25 PINELLAS	Zip / Country 29 / 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLDHAM, MARY JO 1201 CARA DR. LARGO FL 34641	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARY JO OLDHAM TREAS. Mary Jo Oldham 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MYERS, SHIRLEY	1.2 NAME	COPPINGER, RUTH	
STREET ADDRESS	4412 IMPERIAL PARK	1.3 STREET ADDRESS	7433 135TH ST. NO.	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
TITLE	VD	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	COPPINGER, RUTH	2.2 NAME	RUSSELL, MARY	
STREET ADDRESS	7433 135TH ST., NORTH	2.3 STREET ADDRESS	8891 LEONA ST.	
CITY-ST-ZIP	SEMINOLE FL 34646	2.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DAROVEC, VALERIE	3.2 NAME		
STREET ADDRESS	1155 - 50TH AVE., N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	OLDHAM, MARY J	4.2 NAME		
STREET ADDRESS	1201 CARA DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jo Oldham 4-20-95 (813) 587-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY JO OLDHAM

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