ANNUAL REPORT

2005 NOT-FOR-PROFIT CORPORATION THE DE **DOCUMENT # 769275**

FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90054 023 ****61.25

| 1. Entity Name GULF TO | BAY CHAPTER, INC. | | | | |
|---|--|--|---|--|------|
| | NFRO Errace n RK, FL 33782 US | Mailing Address C/O BETTY RENFRO 3489 98TH TERRACE N PINELLAS PARK, FL 337 | 782 US | 40002678 | |
| 2. Principal Place of Business | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052005 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number Applied For 59-6205646 Not Applicate | ble |
| Žip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address of New Registered Agent | |
| DENEDO I | RETTV | | Name | | |
| RENFRO, BETTY 3489 98TH TERRACE N PINELLAS PARK, FL 33782 | | | Street Add | ldress (P.O. Box Number is Not Acceptable) | |
| PINELLAS PARK, FL 33782 | | | | | |
| | | | City | FL Zip Code | |
| the obligati | named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age | | | registered agent, or both, in the State of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with, and accept a state of Florida. I am familiar with a state of Florida. | ipt |
| | Filing Fee is \$61.25 | 9. Election Cam | naina Canadan | \$5.00 May 8a Make check payable to | _ |
|] | Due by May 1, 2005 | Trust Fund Co | | Added to Fees Florida Department of State | |
| 10. | Due by May 1, 2005 OFFICERS AND D | Trust Fund Co | ontribution. | Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2005 | Trust Fund Co | 11. TITLE NAME | Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SO Change Additional Additi | tion |
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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.

| SIGNA [*] | TURE: |
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Treasurer

727-540-0267