2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27435

Entity Name: GULF BREEZE ARTS, INC.

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 52
GULF BREEZE LIBRARY
GULF BREEZE, FL 32561
SHORELINE DRIVE
GULF BREEZE LIBRARY
GULF BREEZE, FL 32561
GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

P.O. BOX 52 GULF BREEZE, FL 32561

FEI Number: 59-2913268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOLKER-HAMMAC, ANGELA L

106 ROSALYN WAY

PENSACOLA, FL 32505 US

HANSON-GROW, FRANCES E
1060 FORT PICKENS ROAD
PENSACOLA BEACH, FL 32561 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: FRANCES HANSON-GROW 04/26/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 JORDAN, CAOL
 Name:
 NOWLIN, JANE

Address: 1389 AUTUMN BREEZE CIR. Address: 7142 JASPER STREET City-St-Zip: GULF BREEZE, FL 32562 City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete Title: P (X) Change () Addition Name: MORITZ, MARCIA Name: MORITZ, MARCIA

Address: 4110 OAK POINT DR. Address: 4110 OAK POINT DR. City-St-Zip: GULF BREEZE, FL 32562 City-St-Zip: GULF BREEZE, FL 32562

Title: () Delete Title: (X) Change () Addition FOLKER-HAMMAC, ANGELA HANSON-GROW, FRANCES E Name: Name: 1060 FORT PICKENS ROAD Address: 106 ROSALYN WAY Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PETTIT, MICHEAL
 Name:
 WOOD, MIRIAM

 Address:
 1982 HERITAGE PKWY
 Address:
 3746 BENGAL ROAD

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 GULF BREEZE, FL 32563

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: FRANCES HANSON-GROW TD 04/26/2008