


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002071

1. Entity Name
GULF COAST JUNIOR GOLF TOUR, INC.



Principal Place of Business
**6809 WELLINGTON DRIVE
 NAPLES, FL 34109 US**

Mailing Address
**6809 WELLINGTON DRIVE
 NAPLES, FL 34109 US**

DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0477835

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STETLER, RONALD L
 5551 RIDGELAND DRIVE
 NAPLES, FL 34108**

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000089258
 03/15/04-80084-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STETLER, JOAN T. 7342 STONEGATE DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLAND, CINDY 6809 WELLINGTON DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMER, JEFF/HIBISCUS 175 DORAL CIRCLE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Cindy Darland CINDY DARLAND 3-12-04 739-591-6858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #