


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002071
 1. Entity Name
GULF COAST JUNIOR GOLF TOUR, INC.



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

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (11/05)

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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 04/22/06-80020-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-3-06 (639)597-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #