

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49302** (5)

1. Corporation Name

GULF COAST ST. DAVID'S WELSH SOCIETY, INC.



Principal Place of Business

**6200 S. TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address

**6200 S. TAMiami TRAIL
SARASOTA FL 34231**

3. Date Incorporated or Qualified

06/08/1992

3a. Date of Last Report

06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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**

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

**WILLIAMS, JOHN L.
6200 S TAMiami TR
SARASOTA FL 34231**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GRIFFITH, JAMES R.**
STREET ADDRESS **3537 CAYA LARGO CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

1.1 TITLE

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **GIGANTI, SUSAN**
STREET ADDRESS **7000 CURTISS AVE**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HUGHES, DONALD**
STREET ADDRESS **5572 SHADOW LAWN DR**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **REES, DAVID**
STREET ADDRESS **16011 WINBURN DR S**
CITY-ST-ZIP **SARASOTA FL 34240**

4.1 TITLE

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **HARDY, RHIANON**
STREET ADDRESS **5572 SHADOW LAWN DR**
CITY-ST-ZIP **SARASOTA FL 34242**

5.1 TITLE

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **GRIFFITHS, ALICE A**
STREET ADDRESS **6102 55TH AVE CIR. E.**
CITY-ST-ZIP **BRADENTON FL**

6.1 TITLE

☐ Change ☐ Addition

**SD
WILLIAMS, FLORENCE
1528 VERMEER DRIVE
NOKOMIS, FLORIDA #8088**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David W. Rees **DAVID W. REES** 4/29/96 944-371-1170

CR2E037 (12/95)