


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 34231-3933	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 06/08/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0336746		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input checked="" type="checkbox"/> DELETE	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, JAMES R.	1.1 NAME	Rees, David
STREET ADDRESS	3537 CAYA LARGO CT.	1.2 STREET ADDRESS	16011 Winburn Dr. S.
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.3 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	VD <input checked="" type="checkbox"/> DELETE	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, JAMES	2.1 NAME	Hughes, Donald
STREET ADDRESS	7366 SEARCY AVE	2.2 STREET ADDRESS	2834 Concord St.
CITY-ST-ZIP	SARASOTA FL	2.3 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D <input checked="" type="checkbox"/> DELETE	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DONALD	3.1 NAME	Adams, E.M. Avanwy
STREET ADDRESS	5572 SHADOW LAWN DR	3.2 STREET ADDRESS	554 Packwood Ave.
CITY-ST-ZIP	SARASOTA FL	3.3 CITY-ST-ZIP	North Port, FL 34287
TITLE	TD <input checked="" type="checkbox"/> DELETE	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, DAVID	4.1 NAME	Giganti, Susan D.
STREET ADDRESS	16011 WINBURN DR S	4.2 STREET ADDRESS	4426 Cayo Grande Dr.
CITY-ST-ZIP	SARASOTA FL 34240	4.3 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	SD <input checked="" type="checkbox"/> DELETE	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, RHIANON	5.1 NAME	Williams, Russell
STREET ADDRESS	5572 SHADOW LAWN DR	5.2 STREET ADDRESS	1528 Vermeer Dr.
CITY-ST-ZIP	SARASOTA FL 34242	5.3 CITY-ST-ZIP	Nokomis, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, FLORENCE	6.1 NAME	Griffith, James R.
STREET ADDRESS	1528 VERMEER DR	6.2 STREET ADDRESS	3537 Caya Largo Ct.
CITY-ST-ZIP	NOKOMIS FL	6.3 CITY-ST-ZIP	Punta Gorda, FL 33950

14. I do 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 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

4/18/97

Date

941-371-1174

Daytime Phone # 0080954

CR2E037 (9/96)