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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1992	4. FEI Number 65-0336746	Applied For <input type="checkbox"/> 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		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 type="checkbox"/> DELETE
NAME	REES, DAVID	
STREET ADDRESS	16011 WINBURN DR S	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, DONALD	
STREET ADDRESS	2834 CONCORD ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, E. M. AVANWY	
STREET ADDRESS	554 PACKWOOD AVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIGANTI, SUSAN D	
STREET ADDRESS	4426 CAYO GRANDE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RUSSELL	
STREET ADDRESS	1528 VERMEER DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITH, JAMES R	
STREET ADDRESS	3537 CAYO LARGO CT	
CITY-ST-ZIP	PUNT GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rees, David	
1.3 STREET ADDRESS	16011 Winburn Dr S	
1.4 CITY-ST-ZIP	Sarasota, FL 34240	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hughes, Donald	
2.3 STREET ADDRESS	2834 Concord St	
2.4 CITY-ST-ZIP	Sarasota, FL 34231	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Adams, E.M. Avanwy	
3.3 STREET ADDRESS	554 Packwood Ave	
3.4 CITY-ST-ZIP	North Port, FL 34287	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Giganti, Susan D.	
4.3 STREET ADDRESS	4426 Cayo Grande Dr	
4.4 CITY-ST-ZIP	Sarasota, FL 34233	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Williams, Russell	
5.3 STREET ADDRESS	1528 Vermeer Dr	
5.4 CITY-ST-ZIP	Nokomis, FL 34275	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Davis, Ton	
6.3 STREET ADDRESS	719 Riverview Cr	
6.4 CITY-ST-ZIP	North Port, FL 34287	

14. 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 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: *Elizabeth M. Avanwy Adams* *Feb. 12 '98. 426-8555*

CR2E037 (10/97)