

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90218 040 ****61.25

0065311

DOCUMENT # N49302

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/08/1992

4. FEI Number

65-0336746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional --
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
REES, DAVID
16011 WINBURN DR S
SARASOTA FL 34240**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HUGHES, DONALD
2834 CONCORD ST
SARASOTA FL 34231**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ADAMS, E. M. AVANWY
554 PACKWOOD AVE
NORTH PORT FL 34287**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
GIGANTI, SUSAN D
4426 CAYO GRANDE DR
SARASOTA FL 34233**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WILLIAMS, RUSSELL
1528 VERMEER DR
NOKOMIS FL 34275**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
DAVIS, TOM
719 RIVERVIEW CR
NORTH PORT FL 34287**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PD.
James E. Fountaine
736 Searcy Ave
Sarasota, Fla 34237**

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**D
Adams, E.M. Avanwy
554 Packwood Ave
North Port, FL 34287**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**VD
Rhys L. Moore
30 Turner St, Apt. 708
Clearwater, FL 34616**

☐ Change ☒ Addition

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, with all other like empowered.

941-955-5569

SIGNATURE:

SIGNATURE REQUIRED
JAMES E. FOUNTAINE FEB 2, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)