

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49302

FILED
Jan 25, 2005
Secretary of State

Entity Name: GULF COAST ST. DAVID'S WELSH SOCIETY, INC.

Current Principal Place of Business:

2833 VALLEY FORGE ST.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2833 VALLEY FORGE ST.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0336746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOHN L.
2833 VALLEY FORGE ST.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REES, SANDRA
Address: 3075 COURTLAND ST.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: REES, DAVID
Address: 16011 WINBURN DR.S
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: PUGH, SUSANNA
Address: 5855 LAKESIDE WOODS CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: GIGANTI, SUSAN D
Address: 4426 CAYO GRANDE DR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: HUGHES, DONALD
Address: 2834 CONCORD ST.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: FOUNTAINE, JAMES
Address: 736 SEARCY AVE.
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID REES

D

01/25/2005

Electronic Signature of Signing Officer or Director

Date