


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90035 047 ****61.25

DOCUMENT # N03000002413	
1. Entity Name GMC ALUMNI, INC.	

Principal Place of Business 158 OLD TAMIAMI TRAIL NAPLES, FL 34110-1148	Mailing Address 158 OLD TAMIAMI TRAIL NAPLES, FL 34110-1148
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2. Principal Place of Business 5586 N. Buffalo Dr	3. Mailing Address 5586 N. Buffalo Dr.
<input type="checkbox"/> Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Beverly Hills, FL	City & State Beverly Hills, FL
Zip 34465-2776	Country USA

40022544



02122005 Chg-NP CR2E037 (10/03)

4. FEI Number 54-2089556		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
MALM, NATALIE 158 OLD TAMIAMI TRAIL NAPLES, FL 34110-1148		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) 5586 N. Buffalo Dr.		
City Beverly Hills, F	State FL	Zip Code 34465-2776

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Natalie Malm* **Natalie Malm** **2-21-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TASE, SUZANNE C 3206 S. HOPKINS AVE., PMB 46 TITUSVILLE, FL 327801148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ed Smith 647 Capri Dr. Hartwell, GA 30643=5357 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TASE, RONALD L SR. 3206 S. HOPKINS AVE., PMB 46 TITUSVILLE, FL 327801148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dick Milleson 310 Hickory Rd. Battlecreek, MI 49017-8244 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALM, NATALIE 158 OLD TAMIAMI TRAIL NAPLES, FL 341101148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Marilyn Roberts 1067 Mapleway Dr. Temperance, MI 48182-9533 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLATEN, JEANNE 7702 OLD 3RD ST. RD. LOUISVILLE, KY 402145512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTNER, DONALD 6 ESCONDIDO CIR., #56 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHELAN, RAY 268 LAKESIDE DR HUNLOCK CREEK, PA 18621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Natalie Malm* **Natalie Malm** **2-21-05** **352-746-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #