2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40188

FILED Jun 18, 2006 Secretary of State

Entity Name: A O R N OF THE GULF COAST OF FLORIDA INC. **Current Principal Place of Business: New Principal Place of Business:** 6000 MANGROVE STREET NORTH ST. PETERSBURG, FL 33703 **Current Mailing Address: New Mailing Address:** 6000 MANGROVE STREET NORTH ST. PETERSBURG, FL 33703 FEI Number: 52-1706994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUME, ALICE P 6000 MANGROVE STREET NORTH ST. PETERSBURG, FL 33703 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WARREN, JANICE JAMILOSA, EVELYN Name: Name: 1753 BELLEAIR FOREST DRIVE D-7 Address: 102 SOUTH O BRIEN STREET Address: City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: TAMPA', FL 33609 Title: () Delete Title: (X) Change () Addition MCDERMOTT, CARLA Name: PENDLEY, CYNTHIA Name: Address: 1217 35TH STREET NORTHWEST Address: 2758 VANESSA LANE City-St-Zip: WINTER HAVEN, FL 33881 US City-St-Zip: PALM HARBOR, FL 34684 US Title: () Delete Title: () Change () Addition HUME, ALICE P Name: Name: 6000 MANGROVE STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33703 US City-St-Zip: (X) Change () Addition Title: BD () Delete Title: BD Name: SWYMER, SUNDAY Name: BERNARDI, ANTHONY 12322 SUN VISTA COURTE E 11125 PARK BLVD. #104-121 Address: Address: City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition HEGH, CAROL Name: Name: 2126 LAKEVIEW DRIVE Address: Address: City-St-Zip: CLWARWATER, FL 33764 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALICE P. HUME Т 06/18/2006