

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90015 015 ****61.25

DOCUMENT # N03000002413

1. Entity Name
GMC ALUMNI, INC.



40004362

Principal Place of Business
3206 S. HOPKINS AVE.
#46
TITUSVILLE, FL 32780

Mailing Address
3206 S. HOPKINS AVE.
#46
TITUSVILLE, FL 32780

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052008

Chg-NP

CR2E037 (12/06)

4. FEI Number

54-2089556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TASE, SUZANNE C
447 PLANTATION DR.
TITUSVILLE, FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008

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
STD
TASE, SUZANNE C
3206 S. HOPKINS AVE., PMB 46
TITUSVILLE, FL 327801148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bet Anderson
PO Box 1340
San Antonio, FL 33596-1340 ☐ Change ☒ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TASE, RONALD L SR.
3206 S. HOPKINS AVE., PMB 46
TITUSVILLE, FL 327801148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Henry Sirum
2079 Radnor Ct.
Juno Isles, FL 33408-2165 ☐ Change ☒ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
PRICE, HAL
4431 SW 44 LANE
OCALA, FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRISZ, PAUL
4555 CHULATA RD.
ORLANDO, FL 32820 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KASTNER, DONALD
6 ESCONDIDO CIR., #56
ALTAMONTE SPRINGS, FL 32701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMPKINS, CARL
190 FRENCH BELK RD
MOUNT ULLA, NC 28125 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addit

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Suzanne C Tase

Henry Sirum