

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002413

FILED
Jan 10, 2009
Secretary of State

Entity Name: GMC ALUMNI, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 54-2089556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASE, SUZANNE C
447 PLANTATION DR.
TITUSVILLE, FL 32780 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: STD () Delete
Name: TASE, SUZANNE C
Address: 3206 S. HOPKINS AVE., PMB 46
City-St-Zip: TITUSVILLE, FL 327801148

Title: D () Delete
Name: TASE, RONALD L SR.
Address: 3206 S. HOPKINS AVE., PMB 46
City-St-Zip: TITUSVILLE, FL 327801148

Title: VPD () Delete
Name: PRICE, HAL
Address: 4431 SW 44 LANE
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: FRISZ, PAUL
Address: 4555 CHULATA RD.
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: ANDERSON, BET
Address: POB 1340
City-St-Zip: SAN ANTONIO, FL 335761340

Title: D () Delete
Name: SIRUM, HENRY
Address: 2079 RADNER CT
City-St-Zip: NORTH PALM BEACH, FL 334082165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: WHELEN, ROSE
Address: 268 LAKESIDE DRIVE
City-St-Zip: HUNLOCK CREEK, PA 18621

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

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

Title: D (X) Change () Addition
Name: SIRUM, ALEX
Address: 2464 NE 54TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE C. TASE

STD

01/10/2009

Electronic Signature of Signing Officer or Director

Date