

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40188

Entity Name: A O R N OF THE GULF COAST OF FLORIDA INC.**Current Principal Place of Business:**12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706**Current Mailing Address:**12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 US**FEI Number:** 52-1706994**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWYMER, SUNDAY S
12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 US*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:** SUNDAY S SWYMER

04/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HEGH, CAROL A
Address 2125 LAKEVIEW DRIVE
City-State-Zip: CLEARWATER FL 33764-3749

Title DIRECTOR
Name SWYMER, SUNDAY S
Address 12322 SUN VISTA COURT EAST
City-State-Zip: TREASURE ISLAND FL 33706

Title PRESIDENT
Name PILLA, DANIEL
Address 2701 61ST LANE NORTH
City-State-Zip: STPETERSBURG FL 33710

Title TREASURER
Name JONES, MICHELLE J
Address 1584 HAVANA DRIVE
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name GREENE, CARMEN V
Address 9338 2ND STREET NORTH
City-State-Zip: ST.PETERSBURG FL 33702

Title OTHER
Name DOYLE, MAUREEN
Address 1610 58TH AVENUE SOUTH
#2
City-State-Zip: ST PETERSBURG FL 33712

I hereby 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 all other like empowered.

SIGNATURE: SUNDAY S. SWYMER**DIRECTOR**

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date