

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49302

Entity Name: GULF COAST ST. DAVID'S WELSH SOCIETY, INC.**Current Principal Place of Business:**844 BIRD BAY WAY
VENICE, FL 34285**Current Mailing Address:**PO BOX 19343
SARASOTA, FL 34276**FEI Number:** 65-0336746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDMUNDS, PAMELA A
844 BIRD BAY WAY
VENICE, FL 34285 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:** PAMELA EDMUNDS

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name EDMUNDS, PAMELA
Address 844 BIRD BAY WAY
City-State-Zip: VENICE FL 34285

Title CORRESPONDING SECRETARY
Name JONES, MAUREEN M
Address 600 CLEAR CREEK DR.
City-State-Zip: OSPREY FL 34229

Title TRUSTEE
Name REES, DAVID
Address 3075 COURTLAND STREET
City-State-Zip: SARASOTA FL 34237

Title TREASURER
Name LARRABEE, MEG J
Address 2933 CONCORD ST.
City-State-Zip: SARASOTA FL 34231

Title TRUSTEE AND WEBSITE
Name FELL, MERYL
Address 7461 MARIANA DRIVE
City-State-Zip: SARASOTA FL 34231

Title LIFETIME TRUSTEE
Name HUGHES, DONALD
Address 2834 CONCORD ST.
City-State-Zip: SARASOTA FL 34231

Title VP
Name PRHYS, RENNY LLOYD
Address 500 AVENUE L, NW #810
City-State-Zip: WINTER HAVEN FL 33881

Title TRUSTEE
Name FERRELL, AMY P
Address 3210 HIGEL AVE.
City-State-Zip: SARASOTA FL 34242

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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: PAMELA EDMUNDS

PRESIDENT

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	RECORDING SECRETARY
Name	GARRISON, JOHN
Address	11893 NEWGATE AVE.
City-State-Zip:	PORT CHARLOTTE FL 33981