


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 030 ****61.25

DOCUMENT # 729111 1. Entity Name GULF HARBORS CIVIC ASSOCIATION CHARITABLE FUND, INC.						
Principal Place of Business 4610 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			Mailing Address 4610 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			
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			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HILGEN, ROSALIE K 5125 GLENN DR NEW PORT RICHEY, FL 34652				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	C HONTZ, MARY LOU		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	C HONTZ, MARY LOU	
CITY-ST-ZIP	3861 TOPSAIL TRAIL NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	3861 TOPSAIL TRAIL NEW PORT RICHEY, FL 34652	
TITLE	C		<input checked="" type="checkbox"/> Delete	TITLE	VP	
NAME	PFAFF, PAT			NAME	RICHITE, BOB	
STREET ADDRESS	5450 BOWLINE BEND			STREET ADDRESS	3339 SEAWAY DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	V		<input type="checkbox"/> Delete	TITLE	P	
NAME	BIFULCO, FRANK			NAME	BIFULCO, FRANK	
STREET ADDRESS	3347 SEAWAY DR			STREET ADDRESS	3347 SEAWAY DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S		<input checked="" type="checkbox"/> Delete	TITLE	S	
NAME	JOHNSON, GENIE			NAME	SHARON DELLA	
STREET ADDRESS	3200 SEAWAY DR			STREET ADDRESS	4346 FLORAMAR TERRACE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE			<input type="checkbox"/> Delete	TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: Rosalie K. Hilgen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-15-08 727-859-9183 <small>Date Daytime Phone #</small>		