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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

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Feb 04 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

730360

(5)

GOSPEL ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address					1 149694 18808 11(17 48180 31118 31116	DALL GIBTE MEBEL SIMEL MINTE MENER MIRTE IMME
PO BOX 42 P O BOX 42 INVERNESS FL	24150	PO BOX 42 INVERNESS FL 34451-0042 US				
US	51130	00			 Date Incorporated or Qualified 08/02/1974 	3a. Date of Last Report 02/01/1996
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1949972	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation has liability for i	
24	25 25 Name and Address of Currer		90		Florida Statutes 10. Name and Address of New Re	
	5. Italie and Rourses of Carre	it togistalou Agoitt	81	Name	10, 110,110 4110 7100 51 71017 110	3.0.0,000
	RICI, RUTH S		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	South gate DR ESS FL 34450-1910		83			······································
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
agent. Lai SIGNATURE	m familiar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statute	S.	, ,	
SIGNATURE	Signature, typed or printed name of registered ag-		Registered Ag	ent signature i	required when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	······································
TITLE	STD	DELETE	1.1 TITLE			Change Addition
NAME	TORTORICI, RUTH S		1.2 NAME			
STREET ADDRESS	9617 E SOUTHGATE DR			T ADDRESS		
CITY-ST-ZIP	INVERNESS FL			ST-ZIP		Change Addition
TITLE	PD WAYNE	LI DELETE	2.1 TITLE			
NAME	BECK, WAYNE		2.2 NAME			
STREET ADDRESS	1000100110			T ADDRESS		
CITY-ST-ZIP TITLE	VD			ST-ZIP		Change Addition
NAME	SMITH, GEORGE					Similar State of Stat
STREET ADDRESS	932 S WATERVIEW DR			T ADDRESS		
1 1	INVERNESS FL					
CITY-ST-ZIP	INVENITEGO PE	DELETE	3.4. CITY- 4.1 TITLE	31-ZIF		Change Addition
NAME			4. 2 NAME	.		
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	i		
TITLE		DELETE	5.1 TITLE	51-ZIF		Change Addition
NAME			5.2 NAME	İ		Series a compliant print a regarding
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TITLE			6.1 TITLE	01-LIF		Change Addition
NAME		tal Petri	6.2 NAME			Print minister Print Lines (1974)
1 !				T ADDRESS		
STREET ADDRESS						
CITY - ST - ZIP			6.4 City-:	SI-ZIP		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WITH STATUTE CONTROL (853)-726-0792)