2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90310 034 ****61.25

DOCUMENT # 737266

1. Entity Name
GULFCOAST DANCE INC

Principal Place of Business	Mailing Address
2413 MCGREGOR BLVD P O BOX 1593 FT MYERS, FL 33902-1593 US	2413 MCGREGOR BLVD P O BOX 1593 FT MYERS, FL 33902-1593 US

04152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1735239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, W HAL
12800 UNIVERSITY DRIVE
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: Anthony J. Gargano
Street Address (P.O. Box Number is Not Acceptable): 2075 W. FIRST STREET
City: FORT MYERS **FL** Zip Code: 33901

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: A D Gargano 4/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / STREET ADDRESS / CITY-ST-ZIP	PD BOCHETTE, JEANNE 2413 MCGREGOR BLVD FORT MYERS, FL 339021593	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOCHETTE, ALYCE ~~1622 LLEWELLYN DR~~ FORT MYERS, FL 33901	☐ Delete	1435 THISTLE DOWN WAY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THAGGARD, CAROL 1853 MAPLE AVE FORT MYERS, FL 33901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILTSHIRE, CATHERINE ~~1629 SUNSET PLACE~~ FORT MYERS, FL 33901	☐ Delete	1345 STADLER DRIVE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD MAUPIN, SAUNDRA ~~11870 MCGREGOR BLVD~~ FT MYERS, FL	☐ Delete	8041 SOUTH WOODS CIR #12 FORT MYERS FL 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Carol Thaggard CAROL THAGGARD 4/20/06 239.334.3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #