2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 737266

Entity Name: GULFCOAST DANCE INC

Current Principal Place of Business:

2413 MCGREGOR BLVD
P O BOX 1593
FT MYERS, FL 339021593 US

New Principal Place of Business:

2413 MCGREGOR BLVD
FT MYERS, FL 339021593 US

Current Mailing Address:

2413 MCGREGOR BLVD
P O BOX 1593
FT MYERS, FL 339021593 US

New Mailing Address:

FEI Number: 59-1735239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY J. GARGANO
2075 W. FIRST ST.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOCHETTE, JEANNE	
Address:	2413 MCGREGOR BLVD	
City-St-Zip:	FORT MYERS, FL 339021593	
Title:	VD	( ) Delete
Name:	BOCHETTE, ALYCE	
Address:	1435 THISTLE DOWN WAY	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	TD	( ) Delete
Name:	THAGGARD, CAROL	
Address:	1853 MAPLE AVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	SD	( ) Delete
Name:	WILTSHIRE, CATHERINE	
Address:	1345 STADLER DRIVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	CSD	( ) Delete
Name:	MAUPIN, SAUNDRA	
Address:	8041 SOUTH WOODS CIR #12	
City-St-Zip:	FORT MYERS, FL 33919	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANNE BOCHETTE DIR 04/10/2009
Electronic Signature of Signing Officer or Director — Date