2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 743028

Entity Name: THE GULF BEACH ART CENTER, INC.

Current Principal Place of Business:

1515 BAY PALM BLVD.
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

1515 BAY PALM BLVD.
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-1848760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOEPF, ELIZABETH
1900 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 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:	D	( ) Delete
Name:	SCHOEPF, ELIZABETH D	
Address:	1900 GULF BLVD	
City-St-Zip:	INDIAN ROCKS BEACH, FL 3378	
Title:	D	( ) Delete
Name:	EMERY, MARY LEE	
Address:	10380 TANGELO COURT	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	P	( ) Delete
Name:	CIPIELEWSKI, KATHERINE	
Address:	439 HARBOR DR N	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785	
Title:	T	( ) Delete
Name:	NEUMAN, MELANIE	
Address:	9471 118 ST N	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	MCGLAUGHLIN, CAROL	
Address:	115 21ST AVENUE	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	D	( ) Change (X) Addition
Name:	SCOTT, JEAN	
Address:	420 HARBOR DRIVE, S.	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785	

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH D. SCHOEPF D 01/09/2007

Electronic Signature of Signing Officer or Director — Date