

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90343 019 ****70.00

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|--|---|---|--|--|--|
| DOCUMENT # 743028 1. Entity Name THE GULF BEACH ART CENTER, INC. | | | | | |
| Principal Place of Business 1515 BAY PALM BLVD. INDIAN ROCKS BEACH, FL 33785 | | | Mailing Address 1515 BAY PALM BLVD. INDIAN ROCKS BEACH, FL 33785 | | |
| 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 | 4. FEI Number 59-1848760 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SCHOEPF, ELIZABETH 1900 GULF BLVD INDIAN ROCKS BEACH, FL 33785 | | | | 7. Name and Address of New Registered Agent Name Grace Dimm Street Address (P.O. Box Number is Not Acceptable) 2703 Bay Palm Blvd City Indian Rocks Beach FL Zip Code 33785 | |
| 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 STREET ADDRESS CITY-ST-ZIP | D SCHOEPF, ELIZABETH D 1900 GULF BLVD INDIAN ROCKS BEACH, FL 3378 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Grace Dimm 2703 Bay Palm Blvd Indian Rocks Beach, FL 33785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EMERY, MARY LEE 10380 TANGELO COURT SEMINOLE, FL 33772 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCOTT, JEAN 420 HARBOR DRIVE, S. INDIAN ROCKS BEACH, FL 33785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CIPIELEWSKI, KATHERINE 439 HARBOR DR N INDIAN ROCKS BEACH, FL 33785 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Pat Champagne-Trahey 16301 Redington Drive Redington Shores, FL 33708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NEUMAN, MELANIE 9471 118 ST N SEMINOLE, FL 33772 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGLAUGHLIN, CAROL 115 21ST AVENUE INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P MCGLAUGHLIN, CAROL 115 21ST AVENUE INDIAN ROCKS BEACH, FL 33785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, JEAN 420 HARBOR DRIVE, S. INDIAN ROCKS BEACH, FL 33785 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Larry Torgerson 2013 Bay Place Indian Rocks Beach, FL 33785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date _____ Daytime Phone # _____ | | |