

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751448

FILED
Apr 13, 2009
Secretary of State

Entity Name: GULF COAST ENZIANER SCHUHPLATTLER VEREIN, INC.

Current Principal Place of Business:

8098 66TH STREET
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1352
PINELLAS PARK, FL 33780 US

New Mailing Address:

FEI Number: 59-2173375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERN MCCOLLEY, SUSANNA
12705 N HOWARD AVENUE
TAMPA, FL 33612 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: VD () Delete
Name: BALLWEG, SYLVIA
Address: 1972 SANDRA DR
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: LILLQUEST, JENNIFER
Address: 1120 41ST STREET NO.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: PD () Delete
Name: KERN-MCCOLLEY, SUSANNA
Address: 12705 N HOWARD AVE
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: VEGA, JUDY
Address: 11538 LAKEVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BALLWEG, SYLVIA
Address: 1972 SANDRA DR
City-St-Zip: CLEARWATER, FL 33764

Title: S (X) Change () Addition
Name: LILLQUIST, JENNIFER
Address: 1120 41ST STREET NO.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: P (X) Change () Addition
Name: KERN-MCCOLLEY, SUSANNA
Address: 12705 N HOWARD AVE
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change () Addition
Name: VEGA, JUDY
Address: 11538 LAKEVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

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: JENNIFER LILLQUIST

S

04/13/2009

Electronic Signature of Signing Officer or Director

Date