2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT # F07000005403

Principal Place of Business

GAUDALUPE ASSOCIATES, INCORPORATED



FILED May 27, 2008 8:00 am Secretary of State 05-27-2008 90042 023 ****70.00

2515 MCALLISTER STREET San Francisco, ca 94118			2515 MCALLISTER STREET San Francisco, ca 94118				dalaarea					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
3. WE				aimy Address					TITIL BITIIS BIRITI ITBILL		IIII MINIA BRIGO (J	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05202008 Ch	g-NP	CR2E03	37 (12/06)	
City & State				City & State				4. FEI Number	-0183466		<u> </u>	plied For
Zip Country			Zip		untry		5. Certificate of Status Desired Status Desired Fee Required					
6: Name and Address of Current Registered Agent								7. Name and Addr	ess of New Red		<u></u>	
DECARO, ROSE 5225 MILANO STREET AVE MARIA, FL 34142						Name Street Address (P.O. Box Number is Not Acceptable)						
AVE MARI	A, FL 34											
					City				FL	Zip Cod	9	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Trust Fund Contribu						_						
10.		OFFICERS AND DIR	ECTORS		11.		-	ADDITIONS/CHANGE	S TO OFFICER	S AND DI	RECTORS IN	10
TITLE	CP	V MARIZ		☐ Delete	TITLI						☐ Change	☐ Addition
NAME STREET ADDRESS	BRUMLE	Y, MARK ALLISTER STREET			NAM STRE	E Et address						
CITY-\$T-ZIP		NCISCO, CA 94118				-ST-ZIP						
TITLE	VCVP			☐ Delete	TITLI	E					☐ Change	☐ Addition
NAME	LEMON, CAROLYN			NA		E						
STREET ADDRESS	SAN FRANCISCO, CA 94118					ET ADDRESS						
CITY-ST-ZIP	D	INCISCO, CA 94118				-ST-ZIP		,	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	GALTEN,	JOHN		☐ Delete	TITLI						☐ Change	☐ Addition
STREET ADDRESS		ALLISTER STREET				ET ADDRESS						
CITY-ST-ZIP	SAN FRA	NCISCO, CA 94118				-ST-ZIP						
TITLE	D			☐ Delete	TITL	E	S/D				(X) Change	Addition
NAME	LUM, RO				NAM	E	5,2					
STREET ADDRESS		ALLISTER STREET				ET ADDRESS						
CITY-ST-ZIP		NCISCO, CA 94118			-	-ST-ZIP						
TITLE NAME	DT LUM, RO	YANNE		Delete	TITU						☐ Change	☐ Addition
STREET ADDRESS		ALLISTER STREET				ET ADDRESS						
CITY-ST-ZIP		NCISCO, CA 94118				-ST-ZIP						
TITLE				☐ Delete	TITL	É	T/D				☐ Change	Addition
NAME					NAM			n, Anthony				41.
STREET ADDRESS						ET ADDRESS	251	5 McAllister	Street			
CITY-ST-ZIP						-ST-ZIP	L San	Francisco.	CA 94118		W 11 - 1 - 1 - 1	
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.												or director

resident 5/21