

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# F08000000968

Entity Name: THE GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC.

Current Principal Place of Business:

8612 TIMBER HILL LANE
POTOMAC, MD 20854

New Principal Place of Business:

Current Mailing Address:

8612 TIMBER HILL LANE
POTOMAC, MD 20854

New Mailing Address:

FEI Number: 03-0455203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, GAYLE K DR.
668 SHOREHAVEN DR
POINCIANA, FL 34759 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: P () Delete
Name: GASTON, MARILYN
Address: 8612 TIMBER HILL LANE
City-St-Zip: POTOMAC, MD 20854

Title: VP () Delete
Name: PORTER, GAYLEYN K
Address: 8612 TIMBER HILL LANE
City-St-Zip: POTOMAC, MD 20854

Title: S () Delete
Name: OHARA, MARILYN PEALS
Address: 668 SHOREHAVEN
City-St-Zip: POINCIANA, FL 34759

Title: T () Delete
Name: QUINTON, SYLVIA L
Address: 8829 GLENARDEN PARKWAY
City-St-Zip: GLENARDEN, MD 20706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GASTON, MARILYN H
Address: 8612 TIMBER HILL LANE
City-St-Zip: POTOMAC, MD 20854

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: DR. GAYLE K PORTER

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date