

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005092

FILED
Jan 05, 2006
Secretary of State

Entity Name: GASOLINE RETAILERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

214 STEVENAGE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

214 STEVENAGE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3659547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORICCA, PASQUALE
214 STEVENAGE DRIVE
LONGWOOD, FL 32779 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: PD () Delete
Name: MORICCA, PASQUALE
Address: 214 STEVENAGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: BEAVERS, DONNA
Address: 4870 SOUTH ATLANTIC AVENUE #207
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: CASALS, ALLEN
Address: 4968 HEATHER STONE PLACE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BEAVERS, DONNA
Address: 811 OAKWOOD AVE. UNIT B
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PASQUALE MORICCA

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date