

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007324

1. Entity Name
CONFRERIE DE LA CHAÎNE DES ROTISSEURS
BAILLAGE DE PINELLAS GULF COAST, INC.



Principal Place of Business
11850 DR. ML KING ST N
#13108
SAINT PETERSBURG, FL 33716

Mailing Address
11850 DR. ML KING ST N
#13108
SAINT PETERSBURG, FL 33716

FILED

07 SEP 18 AM 9:55

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business (No P.O. Box #)
13618 Greenfield Drive

3. Mailing Address
13618 Greenfield Drive

Suite, Apt. #, etc. #406

Suite, Apt. #, etc. #406

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33618

Country
USA

Zip
33618

Country
USA

07042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3754874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JENNIFER
11850 DR. M L KING ST N
#13108
SAINT PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name F. Morris Love
Street Address (P.O. Box Number is Not Acceptable)
13618 Greenfield Drive
#406
City Tampa FL Zip Code 33618

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 F. Morris Love September 12, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, JENNIFER 11850 DR. M L KING ST N., #13108 SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTINI, DOMINIQUE 13551 INDIAN ROCKS ROAD LARGO, FL 34644	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, FRANK 460 HARBOR DR. N. INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEDL, KARL 148 MARINA PLAZA DUNEDIN, FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baillie - President F. Morris Love 13618 Greenfield Drive #406 Tampa, Florida 33618	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 09/18/07 01020 001 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000109558210 09/18/07--01020--001 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$79/19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: F. Morris Love September 12, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

813 961-9414