2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005154

CARMICHAEL, KEVIN

NAPLES, FL 34109

1395 PANTHER LN., #300

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

| Entity Nar | ne: GULF | COAST VENTUR | E FORUM, INC. | | | | |
|---|---|--|------------------------|---|---|-----------------------------|------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 350 5TH AVENUE S., #203 NAPLES, FL 34102 | | | | 350 5TH AVENUE S 203 NAPLES, FL 34102 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 350 5TH AVENUE S., #203 NAPLES, FL 34102 | | | | 350 5TH AVENUE S 203 NAPLES, FL 34102 | | | |
| FEI Number: | 62-1861665 | FEI Number A | pplied For () FEI Nu | mber Not Appl | icable () | Certificate of Status Desir | ed () |
| Name and | Address o | of Current Regist | ered Agent: | Name and | Address of No | ew Registered Agent: | |
| CARTWRIGHT, TIMOTHY J 350 5TH AVENUE S., #203 NAPLES, FL 34102 US | | | | CARTWRIGHT, TIMOTHY J 350 5TH AVENUE S 203 NAPLES, FL 34102 US | | | |
| The above in the State | | ty submits this sta | tement for the purpose | of changing i | ts registered of | fice or registered agent | , or both, |
| SIGNATURE: | | | | | | 03/20/2009 | |
| | Elect | ronic Signature of | Registered Agent | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | | ()Delete HT, TIMOTHY J ENUE S., #203 ₋ 34102 | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD NEMECEK, 3050 HORS NAPLES, FI | ESHOE DR. N., #120 | | Title: Name: Address: City-St-Zip: | VD (X) NEMECEK, TAM 3050 HORSESH NAPLES, FL 34 | OE DR. N., | |
| Title: | S | () Delete | | Title: | () | Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY J. CARTWRIGHT **PRES** 03/20/2009