




2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 042 ****61.25

DOCUMENT # N01000006886					
1. Entity Name GULF OF MEXICO STATES PARTNERSHIP, INC.					
Principal Place of Business 20 N. ORANGE AVE. STE 407 ORLANDO, FL 32801 US			Mailing Address 20 N. ORANGE AVE. STE 600 ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box # 20 N. Orange Ave. Suite, Apt. #, etc. STE 600 City & State Orlando, Florida Zip 32801 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3747735				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGER, GARY L 735 ARLINGTON AVE NORTH SUITE 113- SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 25th Street North St. Petersburg, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HERZSTEIN, ROBERT 655 15TH ST. NW WASHINGTON, DC 20005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD HENDRY, ROBERT R 20 N ORANGE AVE, STE 600 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ-MIER, MANUEL 4351 WESTOVER PLACE NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTTER, PHILLIP 717 D STREET NW WASHINGTON, DC 20004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS UPTON, MARY E 735 ARLINGTON AVE N SUITE 113- SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 25th Street North St. Petersburg, FL 33713	
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:  Robert R. Hendry Exec. VP 4/29/08 407 843 5880					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40091320

2008 UNIFORM BUSINESS REPORT (continued)

DOCUMENT # N01000006886

GULF OF MEXICO STATES PARTNERSHIP, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D
Name	McKay, Benjamin J.
Street Address	444 North Capitol Street NW, Suite 801
City - St - Zip	Washington, DC 20001

Title	D
Name	Ruiz, Marco Miguel Munoz
Street Address	816 Congress Avenue, Suite 1700
City - St - Zip	Austin, Texas 78701

Title	D
Name	Montero, Jesus Rodriguez
Street Address	Inter-American Development Bank
Street Address	4701 Willard Avenue, Apt. 1104
City - St - Zip	Chevy Chase, Maryland 20815

Title	D	Delete
Name	Richard J. Chidester	
Street Address	2 Houston Center	
Street Address	909 Fannin, Suite 3175	
City - St - Zip	Houston, Texas 77010	

Title	D
Name	Matthew Nolan
Street Address	1050 Connecticut Avenue NW
City - St - Zip	Washington, DC 20036