

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006886

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: GULF OF MEXICO STATES PARTNERSHIP, INC.

## Current Principal Place of Business:

20 N. ORANGE AVE.  
STE 600  
ORLANDO, FL 32801 US

## New Principal Place of Business:

20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US

## Current Mailing Address:

20 N. ORANGE AVE.  
STE 600  
ORLANDO, FL 32801 US

## New Mailing Address:

20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US

FEI Number: 59-3747735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 N. ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

HENDRY, STONER & BROWN, P.A.  
20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US

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: HENDRY, STONER & BROWN, P.A.

03/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SPRINGER, GARY L  
Address: 425 25TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: CD ( ) Delete  
Name: HERZSTEIN, ROBERT  
Address: 655 15TH ST. NW  
City-St-Zip: WASHINGTON, DC 20005

Title: EVPD ( ) Delete  
Name: HENDRY, ROBERT R  
Address: 20 N ORANGE AVE, STE 600  
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete  
Name: SUAREZ-MIER, MANUEL  
Address: 4351 WESTOVER PLACE NW  
City-St-Zip: WASHINGTON, DC 20016

Title: VD ( ) Delete  
Name: POTTER, PHILLIP  
Address: 717 D STREET NW  
City-St-Zip: WASHINGTON, DC 20004

Title: SVPS ( ) Delete  
Name: UPTON, MARY E  
Address: 735 ARLINATON AVE N. SUITE 113  
City-St-Zip: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SVPS (X) Change ( ) Addition  
Name: UPTON, MARY E  
Address: 735 ARLINGTON AVE N. SUITE 113  
City-St-Zip: SAINT PETERSBURG, FL 33701

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: GARY L. SPRINGER

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date