

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 019 ****61.25

DOCUMENT # N01000008627

1. Entity Name
GOSPEL ISLAND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1645 W MAIN STREET
INVERNESS, FL 34450**

Mailing Address
**1645 W MAIN STREET
INVERNESS, FL 34450**



2. Principal Place of Business

111 W Main St

Suite, Apt. #, etc.

3. Mailing Address

111 W. Main

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

Inverness FL

City & State

Inverness FL

4. FEI Number
59-3759980

Applied For
Not Applicable

Zip

34450 Citrus

Country

Zip

34450 Citrus

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRISSOM, AL
977 PRITCHARD ISLAND ROAD
INVERNESS, FL 34450**

Name **Wise, Steve**

Street Address (P.O. Box Number is Not Acceptable)
961 Pritchard Island Rd

City **Inverness**

FL Zip Code **34450**

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

Steve Wise - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-06

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D President** ☐ Delete
NAME **WISE, STEVE**
STREET ADDRESS **961 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **RON DALLNER**
STREET ADDRESS **825 Pritchard Island Rd**
CITY-ST-ZIP **Inverness FL 34450**

TITLE **D** ☒ Delete
NAME **GRISSOM, AL**
STREET ADDRESS **977 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Rodney ZAJAC**
STREET ADDRESS **969 Pritchard Island Rd**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☒ Delete
NAME **MCCOMBS, TOM**
STREET ADDRESS **817 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Beverly P. Wise**
STREET ADDRESS **961 Pritchard Island Rd**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** ☒ Delete
NAME **BELKE, DALE**
STREET ADDRESS **973 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **Director** ☐ Change ☒ Addition
NAME **Valerie Newman**
STREET ADDRESS **837 Pritchard Island Rd**
CITY-ST-ZIP **Inverness, FL 34450**

TITLE **D** ☒ Delete
NAME **SEYB, JOANNE**
STREET ADDRESS **839 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NEWMAN, BILLY**
STREET ADDRESS **837 PRITCHARD ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Steve Wise - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

352-726-6408

Daytime Phone #