

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008627

FILED
Feb 17, 2009
Secretary of State

Entity Name: GOSPEL ISLAND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

111 W MAIN STREET
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

111 W MAIN STREET
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 59-3759980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALLNER, RONALD
825 PRITCHARD ISLAND ROAD
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DALLNER, RONALD
Address: 825 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: V () Delete
Name: NEWMEN, VALERIE
Address: 837 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: ZAJAC, RODNEY
Address: 969 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: S () Delete
Name: WEBBER, ALAN
Address: 823 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: COUVILLON, NELLA
Address: 817 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: BELKE, DALE
Address: 973 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34405

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: D (X) Change () Addition
Name: MAXWELL, DIANE
Address: 961 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

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

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: RONALD DALLNER

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date