

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000987

FILED
Jan 06, 2005
Secretary of State

Entity Name: GULF COAST INVITATIONAL, INC.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD., SUITE 320
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD., SUITE 320
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 80-0038525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD., SUITE 320
FORT MYERS, FL 33919 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: CAMPBELL, JEFFREY C
Address: 1209 SUNBURY DR
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: HACKETT, ROBERT C
Address: 8857 CYPRESS PRESERVE PL
City-St-Zip: FORT MYERS, FL 33912

Title: TD () Delete
Name: KYLE, KEVIN A
Address: 3309 HIBISCUS DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: WELCH, RICHARD
Address: 11248 LAKELAND CIR
City-St-Zip: FORT MYERS, FL 33913

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN A. KYLE

TD

01/06/2005

Electronic Signature of Signing Officer or Director

Date