2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007242

FILED Mar 22, 2009 Secretary of State

Entity Name: GULFCOAST RETIRED FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3168 ANDORRA CT 4332 REDONDA LANE NAPLES, FL 34109 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

3168 ANDORRA CT 4332 REDONDA LANE NAPLES, FL 34109 NAPLES, FL 34109

FEI Number: 59-3758869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, FRANK P 6210 TAMIAMI TRAIL NO NAPLES, FL 34108

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MERGNER, ROBERT W WHELAN, WILLIAM W Name: Name: 3168 ANDORRA CT Address: 4332 REDONDA LANE Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: Title: (X) Change () Addition () Delete WHELAN, WILLIAM V Name: UZZI, MICHAEL J Name:

Address: 4332 REBOUDA LN Address: 1211 EGRETS LANDING #202 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34108

Title: () Delete Title: (X) Change () Addition LUONGO, STEVEN FARRELL, MARK Name: Name:

5754 DEAUVILLE CIR #101 117 GRANVILLE COURT Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34104

(X) Change () Addition Title: () Delete Title: TREA CASALE, PETÉR G Name: Name: EIFERT, DAVID L 8143 LOW BANK DR. 2760 GOLDEN GATE BLVD WEST Address: Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34120

Title: SOA () Delete Title: SOA (X) Change () Addition

EIFERT, DAVID MCGOWAN, JOHN Name: Name:

2160 GOLDEN GATE BLVD WEST 11111 PALMETTO RIDGE DR Address: Address:

City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34109

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: DAVID L. EIFERT **TREA** 03/22/2009