

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000992

FILED  
Mar 27, 2005  
Secretary of State

Entity Name: GULF COAST PET PARTNERS, INC.

## Current Principal Place of Business:

126 HALL  
10501 FGCU BLVD. SOUTH  
FT MYERS, FL 339656565

## Current Mailing Address:

126 HALL  
10501 FGCU BLVD. SOUTH  
FT MYERS, FL 339656565

## New Principal Place of Business:

CENTER FOR POSITIVE AGING  
2280 AARON STREET  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

CENTER FOR POSITIVE AGING  
2280 AARON STREET  
PORT CHARLOTTE, FL 33952

FEI Number: 74-3078850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, JOHN  
126 HALL  
10501 FGCU BLVD. SOUTH  
FT MYERS, FL 339656565 US

## Name and Address of New Registered Agent:

JOHN, MURPHY T P  
C/O CFPA  
2280 AARON STREET  
PORT CHARLOTTE, FL 33952 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: JOHN T MURPHY

03/27/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MYERS, LESLIE  
Address: 10501 FGCU BLVD. SOUTH  
City-St-Zip: FT MYERS, FL 339656565

Title: D ( ) Delete  
Name: MURPHY, JOHN  
Address: 10501 FGCU BLVD. SOUTH  
City-St-Zip: FT MYERS, FL 339656565

Title: D ( ) Delete  
Name: BUETTNER, LINDA  
Address: 10501 FGCU BLVD. SOUTH  
City-St-Zip: FT MYERS, FL 339656565

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MYERS, LESLIE  
Address: C/O CFPA 2280 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition  
Name: MURPHY, JOHN  
Address: C/O CFPA 2280 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition  
Name: BUETTNER, LINDA  
Address: C/O CFPA 2280 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JOHN MURPHY

PRES

03/27/2005

Electronic Signature of Signing Officer or Director

Date