

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90257 040 ****61.25

DOCUMENT # N03000002413

1. Entity Name
GMC ALUMNI, INC.



Principal Place of Business
**3206 S. HOPKINS AVE.
#46
TITUSVILLE, FL 32780**

Mailing Address
**3206 S. HOPKINS AVE.
#46
TITUSVILLE, FL 32780**

50000035



01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-2089556

Applied For
Not Applicable

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

**TASE, SUZANNE C
447 PLANTATION DR.
BEVERLY HILLS, FL 34465-2776**

Name **Suzanne C. Tase**

Street Address (P.O. Box Number is Not Acceptable)

447 Plantation Drive

City **Titusville**

FL

Zip Code
32780

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

Suzanne C. Tase

Suzanne C. Tase

1/10/07

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **STD** ☐ Delete
NAME **TASE, SUZANNE C**
STREET ADDRESS **3206 S. HOPKINS AVE., PMB 46**
CITY-ST-ZIP **TITUSVILLE, FL 327801148**

TITLE **VP D** ☐ Change ☒ Addition
NAME **Hal Price**
STREET ADDRESS **4431 S.W. 44 LANE**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **D** ☐ Delete
NAME **TASE, RONALD L SR.**
STREET ADDRESS **3206 S. HOPKINS AVE., PMB 46**
CITY-ST-ZIP **TITUSVILLE, FL 327801148**

TITLE **P D** ☐ Change ☒ Addition
NAME **Paul Frisz**
STREET ADDRESS **4555 Chulata Rd.**
CITY-ST-ZIP **Orlando, FL 32820**

TITLE **D** ☒ Delete
NAME **MALM, NATALIE**
STREET ADDRESS **5586 N. BUFFALO DR.**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **D** ☐ Change ☒ Addition
NAME **Carl Tompkins**
STREET ADDRESS **190 French Bell Rd.**
CITY-ST-ZIP **Mt. Ulla, NC 28125**

TITLE **SD** ☒ Delete
NAME **SLATEN, JEANNE**
STREET ADDRESS **7702 OLD 3RD ST. RD.**
CITY-ST-ZIP **LOUISVILLE, KY 402145512**

TITLE **D** ☐ Change ☒ Addition
NAME **Henry Sirum**
STREET ADDRESS **2079 Radnor Ct.**
CITY-ST-ZIP **Juno Isles, FL 33408**

TITLE **D** ☐ Delete
NAME **KASTNER, DONALD**
STREET ADDRESS **6 ESCONDIDO CIR., #56**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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

TITLE **D** ☒ Delete
NAME **WHELAN, RAY**
STREET ADDRESS **268 LAKESIDE DR**
CITY-ST-ZIP **HUNLOCK CREEK, PA 18621**

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 817, 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:

Suzanne C. Tase

1/10/07

321-269-5349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #