

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002694

FILED
Apr 10, 2007
Secretary of State

Entity Name: GOODLAND PRESERVATION COALITION, INC.

Current Principal Place of Business:

PO BOX 691
GOODLAND, FL 34140

New Principal Place of Business:

584 COCONUT AVE
GOODLAND, FL 34140

Current Mailing Address:

PO BOX 691
GOODLAND, FL 34140

New Mailing Address:

FEI Number: 56-2335295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEGALL-FULLMER, CONNIE D PRES.
P.O. BOX 263
GOODLAND, FL 34140 US

Name and Address of New Registered Agent:

STEGALL-FULLMER, CONNIE D PRES.
584 COCONUT AVE
GOODLAND, FL 34140 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:

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STEGALL-FULLMER, CONNIE D
Address: P.O. BOX 263
City-St-Zip: GOODLAND, FL 34140

Title: VP () Delete
Name: LAKE, EMILEE
Address: 425 MANGO
City-St-Zip: GOODLAND, FL 34140

Title: TREA () Delete
Name: FULLMER, EDWARD
Address: 584 COCONUT AVE
City-St-Zip: GOODLAND, FL 34140

Title: PUBL () Delete
Name: PAPPY, RICHARD
Address: 583 COCONUT AVE W.
City-St-Zip: GOODLAND, FL 34140

Title: SEC () Delete
Name: JULIET, GROSS
Address: 315 PEAR TREE
City-St-Zip: GOODLAND, FL 34140PR

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: () 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 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: CONNIE STEGALL FULLMER

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date