


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 017 ****61.25

DOCUMENT # N03000002694	
1. Entity Name GOODLAND PRESERVATION COALITION, INC.	

Principal Place of Business 584 COCONUT AVE GOODLAND, FL 34140	Mailing Address PO BOX 691 GOODLAND, FL 34140
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50001260



03202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 584 Coconut Ave		3. Mailing Address PO Box 691	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Goodland, FL	
Zip	Country	Zip	Country
		34140	USA
4. FEI Number 56-2335295		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEGALL-FULLMER, CONNIE D PRES. 584 COCONUT AVE GOODLAND, FL 34140		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES STEGALL-FULLMER, CONNIE D P.O. BOX 263 GOODLAND, FL 34140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAKE, EMILEE <input checked="" type="checkbox"/> Delete 425 MANGO GOODLAND, FL 34140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA, FULLMER, EDWARD <input type="checkbox"/> Delete 584 COCONUT AVE GOODLAND, FL 34140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBL PAPPY, RICHARD <input checked="" type="checkbox"/> Delete 583 COCONUT AVE W. GOODLAND, FL 34140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JULIET, GROSS <input checked="" type="checkbox"/> Delete 315 PEAR TREE GOODLAND, FL 34140PR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Connie D. Stegall-Fullmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

239-642-4932
Daytime Phone #