2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 20, 2007 8:00 am Secretary of State

DOCUMENT # N0300004347 1. Entity Name GULF COAST HIGH SCHOOL BAND AID CLUB, INC.					08-20-2007 90057 026 ****61.25				
7878 SHARK WAY		Mailing Address 7878 SHARK WAY NAPLES, FL 34119	-						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08132007	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 27-00479	915		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New F	Registered Agent		
MORRIS,	SUZANNE		Name	ROBE	ERT HA	MBERG			
111 19TH	STREET NW		Street Address			(P.O. Box Number is Not Acceptable)			
NAPLES, FL 34120					EL VERD	טפה			
			- 672				7:0 000	da .	
			City	NAPL	LES		FL Zip Cox	1109	
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office	or registere	ed agent, or both,	in the State of Fl	lorida. I am familiar with	, and accept	
						31			
SIGNATURE	Kignature, hyped by Thiled name of registered agr	ent and sittle it applicable. (I	OTE: Registered Agent sign	nature required	when reinstating)	U	DATE		
	Filing Fee is \$61.25	9 Election	Campaign Financing		\$5.00 May Be		Make check payable t	to	
, D	ue by September 14, 2007	Trust Fur	d Contribution.	_	Added to Fees		orida Department of S		
10.	OFFICERS AND I	DIRECTORS	11.		Added to Fees	Flo	erida Department of S ERS AND DIRECTORS I	N 10	
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10. TITLE NAME	PD MORRIS, SUZANNE	DIRECTORS	11.	PD WISE	Added to Fees ADDITIONS/CHAN	Floor NGES TO OFFICE RI	erida Department of S ERS AND DIRECTORS I	N 10	
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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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/07

239-262-0170

Daytime Phone #