

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 07, 2009
Secretary of State

DOCUMENT# N03000004347

Entity Name: GULF COAST HIGH SCHOOL BAND AID CLUB, INC.**Current Principal Place of Business:**7878 SHARK WAY
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**7878 SHARK WAY
NAPLES, FL 34119**New Mailing Address:****FEI Number:** 27-0047915**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAMBERG, ROBERT
3544 EL VERDADO
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**DELADURANTEY, STEVEN
7878 SHARK WAY
NAPLES, FL 34119 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: STEVEN DELADURANTEY

07/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISEMAN, SHERI
Address: 7878 SHARK WAY
City-St-Zip: NAPLES, FL 34119

Title: VD () Delete
Name: RISHER, ERIN
Address: 7875 SHARK WAY
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: LOYD, JAMIE
Address: 7878 SHARK WAY
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: CARNEY, JEFF
Address: 7878 SHARK WAY
City-St-Zip: NAPLES, FL 34119

Title: BD () Delete
Name: HAMBERG, ROBERT
Address: 3544 EL VERDADO
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RISHER, ERIN
Address: 7878 SHARK WAY
City-St-Zip: NAPLES, FL 34119

Title: VD (X) Change () Addition
Name: MACRI, KATHY
Address: 7875 SHARK WAY
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BD (X) Change () Addition
Name: DELADURANTEY, STEVEN
Address: 7878 SHARK WAY
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY A. CARNEY

TD

07/07/2009

Electronic Signature of Signing Officer or Director

Date