2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03000006071

Entity Name: GULF COAST LIVING HISTORY ASSOCIATION, INC.

Current Principal Place of Business:

9145 JOHN HAMM RD.
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

9145 JOHN HAMM RD.
MILTON, FL 32583

New Mailing Address:

FEI Number: 20-0262031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOSWELL, LEANNE R
9143 JOHN HAMM RD.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: DONOVAN, KAREN F
Address: 740 CORNELL AVE.
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete
Name: SCHROYER, DON
Address: 178 MCCLOUD RD
City-St-Zip: FREEPORT,, FL 32439 US

Title: P ( ) Delete
Name: BOSWELL, LEANNE R
Address: 9143 JOHN HAMM RD.
City-St-Zip: MILTON, FL 32583

Title: TR ( ) Delete
Name: BOSWELL, PHILLIP E
Address: 9143 JOHN HAMM RD.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: PENNELL, MICHAEL
Address: 2051 SIDHAYES RD.
City-St-Zip: JAY, FL 32583 US

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

Title: TR (X) Change ( ) Addition
Name: PENNELL, ANGELA
Address: 2051 SIDHAYES RD.
City-St-Zip: JAY, FL 32583

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: LEANNE R. BOSWELL P 04/08/2009

Electronic Signature of Signing Officer or Director — Date