

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90100 046 \*\*\*\*61.25

**DOCUMENT # N04000002932**

1. Entity Name

GIFTS OF LOVE COMMUNITY COALITION, INC.



Principal Place of Business

802 W PARK PLAZA  
EDGEWATER FL 32141

Mailing Address

P.O. BOX 224  
NEW SMYRNA BEACH FL 32170



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2227346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, MARK R ESQ.  
124 FAULKNER ST.  
NEW SMYRNA BEACH FL 32168

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 D ☐ Delete  
NAME O'CONNOR, ANN  
STREET ADDRESS 2051 PIONEER TRAIL, LOT 206  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition  
NAME Mary Catherine Rock  
STREET ADDRESS 450 Bella Vista  
CITY-ST-ZIP Edgewater, FL 32141

TITLE D ☐ Delete  
NAME JODOIN, JUDITH  
STREET ADDRESS 100 FAIRGREEN DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition  
NAME Chester O'Bannon  
STREET ADDRESS 2807 Turnbull Cove Dr.  
CITY-ST-ZIP NEW Smyrna Beach, FL 32168

TITLE D ☐ Delete  
NAME DYER, FRAN  
STREET ADDRESS 2A COUNTRY CLUB DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition  
NAME Mary Hood  
STREET ADDRESS 410 Schooner Ave.  
CITY-ST-ZIP Edgewater, FL 32141

TITLE D ☐ Delete  
NAME JONES, FRED  
STREET ADDRESS 761 PINES SHORES DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ZOW, KATHERINE  
STREET ADDRESS 203 HOWARD AVE.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAURICIO, MARIANNE  
STREET ADDRESS 713 GREEN RD.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Ann O'Connor* ANN O'CONNOR President