

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90057 014 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40106737



01042007 Chg-NP CR2E037 (12/06)

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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, ANN 2051 PIONEER TRAIL, LOT 206 NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHROEDER, GWEN 826 ISLAND POINT DR NEW SMYRNA BEACH, FL 32168 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JODOIN, JUDITH 100 FAIRGREEN DR NEW SMYRNA BEACH, FL 32168 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADER, MARILYN 8 ROYAL PALM CIRCLE PORT ORANGE, FL 32127 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, FRAN 2A COUNTRY CLUB DR. NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BANNON, CHESTER 2807 TURNBULL COVE- DRIVE NEW SMYRNA BEACH, FL 32168 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, FRED 761 PINES SHORES DR NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD, MARY 410 SCHOONER AVE EDGEWATER, FL 32141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOW, KATHERINE 203 HOWARD AVE. NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCK, MARY 450 BELLA VISTA EDGEWATER, FL 32141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURICIO, MARIANNE 713 GREEN RD. NEW SMYRNA BEACH, FL 32168 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ ☐ Change ☐ 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: Gwen Schroeder, Gwen Schroeder 4-24-07 386-423-5257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #