

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90010 030 ****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**

50002445



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
35-2227346

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2008**

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 **D** ☐ Change ☒ Addition
NAME **HOOD, MARY**
STREET ADDRESS **410 SCHOONER AVE.**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **P** ☐ Delete
NAME **SCHROEDER, GWEN**
STREET ADDRESS **826 ISLAND POINT DR**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **D** ☐ Change ☒ Addition
NAME **O'BANNON, CHESTER T.**
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 **D** ☐ Change ☒ Addition
NAME **ROCK, MARY KATHRYN**
STREET ADDRESS **456 BELLA VISTA**
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 **BADER, MARILYN**
STREET ADDRESS **8 ROYAL PALM CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

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 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: Marilyn Bader **MARILYN BADER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

04-01-08

Date

386-423-5257

Daytime Phone 8-188 3602