2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04000002932

Entity Name: GIFTS OF LOVE COMMUNITY COALITION, INC.

Current Principal Place of Business:

802 W PARK PLAZA
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 224
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 35-2227346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, MARK R ESQ.
124 FAULKNER ST.
NEW SMYRNA BEACH, FL 32168 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: D ( ) Delete
Name: O'CONNOR, ANN
Address: 2051 PIONEER TRAIL, LOT 206
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P ( ) Delete
Name: SCHROEDER, GWEN
Address: 826 ISLAND POINT DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: DYER, FRAN
Address: 2A COUNTRY CLUB DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: JONES, FRED
Address: 761 PINES SHORES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: ZOW, KATHERINE
Address: 203 HOWARD AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: BADER, MARILYN
Address: 8 ROYAL PALM CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: ROCK, CATHY
Address: 450 BELLA VISTA
City-St-Zip: EDGEWATER, FL 3214

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

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

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: MARILYN BADER D 01/29/2009

Electronic Signature of Signing Officer or Director — Date