

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002932

FILED
Feb 23, 2012
Secretary of State

Entity Name: GIFTS OF LOVE COMMUNITY COALITION, INC.

Current Principal Place of Business:

820 PARK AVENUE
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
Name: HOOD, MARY
Address: 410 SCHOONER AVENUE
City-St-Zip: EDGEWATER, FL 32141

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

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

Title: D
Name: ROCK, MARY
Address: 450 BELLA VISTA
City-St-Zip: EDGEWATER, FL 3214

Title: D
Name: HARTWELL, MARGARET
Address: 2420 TAYLOR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

I hereby 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 all other like empowered.

SIGNATURE: MARILYN BADER

DIRE

02/23/2012

Electronic Signature of Signing Officer or Director

Date