

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04057

FILED
May 10, 2006
Secretary of State

Entity Name: ASA GULF COAST CHAPTER, INC.

Current Principal Place of Business:

2395 OLD COACH TRAIL
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

BOX 21105
ST PETERSBURG, FL 337421105 US

New Mailing Address:

FEI Number: 59-2468081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOCKETT, KATHRYN D
2395 OLD COACH TRAIL
CLEARWATER, FL 33765 US

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: T () Delete
Name: LOCKETT, KATHRYN D
Address: 2395 OLD COACH TRAIL
City-St-Zip: CLEARWATER, FL 33765

Title: P () Delete
Name: MACDONALD, FILOMEMA
Address: 4866 SHERBROCK DR.
City-St-Zip: OLDSMAR, FL 34677

Title: V () Delete
Name: PALERMO, JIM
Address: 8615 MAGNOLIA DR.
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: MILLAN, ANNA D
Address: 3963 COVE W DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: PALERMO, TERRI
Address: 8615 MAGNOLIA DR
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: WOOLDRIDGE, JAN
Address: 10847 INDIAN HILL CT #28
City-St-Zip: LARGO, FL 34647

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

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 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: KATHRYN LOCKETT

TREA

05/10/2006

Electronic Signature of Signing Officer or Director

Date