

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003609

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA GULFCOAST CHAPTER OF S.P.A.A.M.F.A.A. INC.

Current Principal Place of Business:

2677 REDFORD COURT W.
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 129
OLDSAMR, FL 34677 US

New Mailing Address:

FEI Number: 31-1805792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, JAMES K
2677 REDFORD COURT W.
CLEARWATER, FL 33761 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: VP () Delete
Name: STEPHENSON, JAMES K
Address: 2677 REDFORD COURT W.
City-St-Zip: CLEARWATER, FL 33761 US

Title: PRES () Delete
Name: MOYLAN, WILLIAM
Address: 10706 CASEY DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: SEC. () Delete
Name: KAPRAL, GREG
Address: 11251 WINDSOR PLACE CIRCLE
City-St-Zip: TAMPA, FL 33626 US

Title: TRES () Delete
Name: FLORENCE, FRANKLIN
Address: 10704 AYRSHIRE DR.
City-St-Zip: TAMPA, FL 33626 US

Title: MS () Delete
Name: REINBOLT, TODD
Address: 328 JEAN STREET
City-St-Zip: PALM HARBOR, FL 34683 US

Title: HIST () Delete
Name: SCHAEFFER, MATT
Address: 16043 RAMBLING ROAD
City-St-Zip: ODESSA, FL 33556 US

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: TRES (X) Change () Addition
Name: ALLEN, WAYNE
Address: P. O. BOX 1870
City-St-Zip: NEW PORT RICHEY, FL 34656 US

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: JAMES K. STEPHENSON

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date