2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N05000004805

Entity Name: GULF COAST PRESERVATION SOCIETY INC.

Current Principal Place of Business:

2686 CANOE LANE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2686 CANOE LANE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-3836967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANATEE INVESTMENTS, LLC
2686 CANOE LANE
NORTH PORT, FL 34286 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: VANDERBILT, MELISSA
Address: 2686 CANOE LANE
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete
Name: BAKER, DAVID
Address: 2299 E. MAIN STREET, SUITE 11
City-St-Zip: VENTURA, CA 93001

Title: D ( ) Delete
Name: BESTOR, LARRY
Address: 2686 CANOE LANE
City-St-Zip: NORTH PORT, CA 34286

Title: D ( ) Delete
Name: RABALAIS, NANCY
Address: 2686 CANOE LANE
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete
Name: LEVINDOVSKY, LISA
Address: 2686 CANOE LANE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BAKER, DAVID
Address: PO BOX 733
City-St-Zip: BOCA GRANDE, FL 33921

Title: D (X) Change ( ) Addition
Name: BAKER, DAVID
Address: PO BOX 733
City-St-Zip: BOCA GRANDE, FL 33921

Title: D (X) Change ( ) Addition
Name: BESTOR, LARRY
Address: PO BOX 733
City-St-Zip: BOCA GRANDE, FL 33921

Title: D (X) Change ( ) Addition
Name: RABALAIS, NANCY
Address: PO BOX 733
City-St-Zip: BOCA GRANDE, FL 33921

Title: D (X) Change ( ) Addition
Name: LEVINDOVSKY, LISA
Address: PO BOX 733
City-St-Zip: BOCA GRANDE, FL 33921

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: L BESTOR D 04/24/2009

Electronic Signature of Signing Officer or Director — Date