2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008013

FILED Apr 13, 2008 Secretary of State

Entity Name: GULF COAST CHAPTER AMERICAN PAYROLL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 101 ARTHUR ANDERSEN PKWY **DOLPHIN ROOM** SARASOTA, FL 34232 **New Mailing Address: Current Mailing Address:** 5317 FRUITVILLE RD #216 SARASOTA, FL 34232 FEI Number: 65-1030492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKEEN, MARCIA CPP 7023 49TH PLACE E. PALMETTO, FL 34221 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition TREA () Delete FITCH, DOROTHY CPP MARCIA, MCKEEN CPP Name: Name: 4013 52ND CT W Address: 7023 49TH PLACE E Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: PALMETTO, FL 34221 Title: SEC Title: (X) Change () Addition () Delete BUEHLER, SHARON CPP Name: MARTHA, FRANK CPP Name: Address: 4013 52ND CT W Address: 101 ARTHUR ANDERSEN PKWY, #100 City-St-Zip: BRADENTON, FL 34209 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: (X) Change () Addition HUGHES, MARY CPP WOODAREK, PAUL Name: Name: 300 SARASOTA CENTER BLVD Address: 369 6TH AVE W. Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: SARAOSTA, FL 34240 PRES () Delete REINHARDT, JULIE CPP Title: Title: () Change () Addition Name: Name: Address: 7023 48TH AVE E Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: MEMB () Delete Title: () Change () Addition MCKEEN, MARCIA CPP Name: Name: 7023 49TH PLACE E Address: Address: City-St-Zip: PALMETTO, FL 34221 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: MARCIA MCKEEN TREA 04/13/2008