## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010461

Entity Name: GULF COAST BASKETBALL INC.

FILED Feb 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653

**Current Mailing Address: New Mailing Address:** 

7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653

FEI Number: 13-4310620 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAUH-CO CONSTRUCTION SERVICES, INC. 7215 CYPRESS KNOLL DRIVE NEW PORT RICHEY, FL 34653 US

7215 CYPRESS KNOLL DRIVE

NEW PORT RICHEY, FL 34653

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:

Address:

City-St-Zip:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS: PRES** () Delete () Change () Addition RAUH, PAUL R Name: Name: 7215 CYPRESS KNOLL DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: () Delete Title: () Change () Addition RAUH, LYNETTE W Name: Name: Address: 7215 CYPRESS KNOLL DR. Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: SEC () Delete Title: () Change () Addition RAUH, LYNETTE W Name: Name: Address: 7215 CYPRESS KNOLL DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: TREA ( ) Delete Title: () Change () Addition Name: RAUH, LYNETTE W Name: 7215 CYPRESS KNOLL DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: () Delete Title: () Change () Addition CALZONE, JEREMY Name: Name: 27515 PLEASURE RIDE LOOP Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: Title: () Delete Title: () Change () Addition RAUH. PAUL R Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LYNETTE RAUH **VP** 02/12/2007