

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000512

FILED
Feb 12, 2009
Secretary of State

Entity Name: GULFPORT YOUTH SAILING, INC.

Current Principal Place of Business:

4600 TIFTON DRIVE SOUTH
GULFPORT, FL 33711

New Principal Place of Business:

4600 TIFTON DRIVE SOUTH
GULFPORT, FL FL 33711

Current Mailing Address:

4600 TIFTON DRIVE SOUTH
GULFPORT, FL 33711

New Mailing Address:

4600 TIFTON DRIVE SOUTH
GULFPORT, FL FL 33711

FEI Number: 02-0798350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, ANTHONY B
6075 SHORE BLVD
509
GULFPORT, FL 33707 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: S () Delete
Name: RUPPERT, ELISE
Address: 611 KIPPS COLONY DR.
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: HICKS, TOM
Address: 2882 CATHERINE DR
City-St-Zip: CLEARWATER, FL 33759

Title: VC () Delete
Name: HEYNE, JOEL
Address: 5972 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: D () Delete
Name: JANETT, TERRELL
Address: 14616 US-195 LOT 707
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: MOGAVERO, MICHAEL
Address: 7188 50TH AVE S. CIRCLE E.
City-St-Zip: PALMETTO, FL 34221

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

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

Title: D () Change (X) Addition
Name: ANGEL, ANTHONY
Address: 6075 SHORE BLVD #509
City-St-Zip: GULFPORT, FL 33707

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: ANTHONY ANGEL

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date