

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003470

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE GALLANT SPINAL CORD INJURY FOUNDATION, INC.

Current Principal Place of Business:

6946 16TH PLACE NORTH
561
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6946 16TH PLACE NORTH
561
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-2119392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NALLY, BRIAN P
6706 16TH PLACE NORTH
147
SAINT PETERSBURG, FL 33710 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: ED () Delete
Name: GALLANT, TIMOTHY A
Address: 6946 16TH PLACE NORTH #561
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: AED () Delete
Name: NALLY, BRIAN P
Address: 6706 16TH PLACE NORTH #147
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: BM () Delete
Name: FERRETJANS, JAMES
Address: 7830 38TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

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:

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: TIMOTHY A GALLANT

ED

04/25/2009

Electronic Signature of Signing Officer or Director

Date