

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003470

FILED  
May 03, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

GALLANT, TIMOTHY A  
6946 16TH PLACE NORTH  
561  
SAINT PETERSBURG, FL 33710 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: TIMOTHY A GALLANT

05/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: GALLANT, TIMOTHY A  
Address: 6946 16TH PLACE NORTH #561  
City-St-Zip: SAINT PETERSBURG, FL 33710

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

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

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A GALLANT

ED

05/03/2010

Electronic Signature of Signing Officer or Director

Date