## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Sep 11, 2008 8:00 am Secretary of State DOCUMENT # N07000005587 09-11-2008 90002 024 \*\*\*\*61.25 GRAND BASSA COUNTY ASSOCIATION, INC. Principal Place of Business Mailing Address 40115674 735 ORANGE AVENUE P.O.BOX 2377 FORT PIERCE, FL 34950 FORT PIERCE, FL 34954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08092008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 83-048437 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAYMAN, JEROME Z 1854 SOUTH DOVETAIL DR. Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE, FL 34982 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ■ Addition BESTMAN, SUNDAI K MAME NAME STREET ADDRESS 983 46TH STREET APT, D3 STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11219 CITY-ST-ZIP VPCO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VAMBRAN, EMMANUEL C NAME STREET ADDRESS 25 TENNIS COURT STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11226 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition GBEHAN, ISAAC H NAME NAME 350 RICHMOND TERRACE APT. 7G STREET ADDRESS STREET ADDRESS CITY-ST-7IF STATIN ISLAND, NY 10301 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BREWER YEAREAC MAME NAME SINYAN, JOSEPH 1401 JASPER STREET 115 E21ST STREET APT, 5E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11226 CITY-ST-ZIF WHEATON, MD 20902 TITLE DIR **⊠** Delete TITLE ☐ Change X Addition DANN, ANNETTE M. SMITH, TROKON NAME NAME STREET ADDRESS **6035 67TH PLACE** STREET ADDRESS 514 - 44TH STREET COURT EAST CITY-ST-ZIP RIVERDALE, MD 20737 CATY-ST-ZIP BRADENTON, FL DIR TITLE □ Delete TITLE ☐ Change ☐ Addition NAME GAYMAN, JEROME Z NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with pill-other like empowered.

CITY-ST-7IP

STREET ADDRESS

(941)914-1957 ANNETTE M. DANN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1854 SOUTH DOVETAIL DR.

FORT PIERCE, FL 34982

STREET ADDRESS

CITY-ST-ZIP