2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010334

Entity Name: FLORIDA GULF COAST COUPLES, INC.

FILED Feb 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2704 CLUBHOUSE DRIVE PLANT CITY, FL 33566							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 13072 ST. PETERSBURG, FL 33733							
FEI Number:	26-0453702	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of	f Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
KOZBELT, LAURIE A 4685 26TH AVENUE SOUTH SAINT PETERSBURG, FL 33711 US				JAGIELSKI, DAN R 512 JEANAL PLACE TAMPA, FL 33612 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: DAN JAGIELSKI				02/07/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () I MOTISI, KIMBER 5621 PERKIN DR NEW PORT RICI	RIVE		Title: Name: Address: City-St-Zip:	C JAGIELSKI, 512 JEANAL TAMPA, FL	. PLACE	ddition
Title: Name: Address: City-St-Zip:	VC () I FARRELL, MELI 5621 PERKIN DI NEW PORT RICI	RIVE		Title: Name: Address: City-St-Zip:	VC JAHNKE, RI 512 JEANAL TAMPA, FL	. PLACE	ddition
Title: Name: Address: City-St-Zip:	D () I GOMEZ, MARTA 7210 CHANNELS PINELLAS PARK	SIDE LANE		Title: Name: Address: City-St-Zip:		()Change()A	ddition
Title: Name: Address: City-St-Zip:	D () I KOZBELT, LAUR 4685 26TH AVEN SAINT PETERSE	IUE SOUTH		Title: Name: Address: City-St-Zip:	D JONES, TOP 4539 5TH AV SAINT PETE		
Title: Name: Address: City-St-Zip:	D () I PAQUETTE, NIC 4234 7TH AVE. N ST. PETERSBUR	I.		Title: Name: Address: City-St-Zip:		(X) Change()A), RUTH GE GREEN PARK ON, FL 34209	
Title:	D ()I	Palata		Title		() Change () A	ddition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAN JAGIELSKI C 02/07/2009

FURIO. TED

1969 TEMPLE TERRACE

CLEARWATER, FL 33764

Name:

Address:

City-St-Zip: