

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010610

FILED
Mar 18, 2009
Secretary of State

Entity Name: GRATEFUL AMERICAN COIN INC.

Current Principal Place of Business:

15207 HAMMOCK CHASE COURT
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15207 HAMMOCK CHASE COURT
ODESSA, FL 33556

New Mailing Address:

FEI Number: 68-0662923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENSON, DEBORAH J
15207 HAMMOCK CHASE CT
ODESSA, FL 33556 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: P () Delete
Name: BENSON, DEBORAH
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: BENSON, WILLIAM
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: GOSLIN, ROBERT
Address: 8410 LAVA PLACE
City-St-Zip: TAMPA, FL 33611

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENSON, DEBORAH
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: BENSON, WILLIAM
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: SD (X) Change () Addition
Name: GOSLIN, ROBERT
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: D () Change (X) Addition
Name: PATERSON, LISA
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: D () Change (X) Addition
Name: ANDERSON, DONNA
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

Title: D () Change (X) Addition
Name: LACK, ANGELA
Address: 15207 HAMMOCK CHASE COURT
City-St-Zip: ODESSA, FL 33556

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: ANGELA LACK

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date