2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003125

Entity Name: GULF COAST CHEVY DEALERS INC.

FILED Apr 14, 2009 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
	VARRINGTON ROAD _A, FL 32506		
Current Mailing Address:		New Mailing Address:	
	VARRINGTON ROAD _A, FL 32506		
FEI Number Applied For () FEI N		El Number Not Appli	cable (X) Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
SICKLES, F 100 N. TAM TAMPA, FL	1PA ST., SUITE 3500		
The above in the State	named entity submits this statement for the purpo of Florida.	ose of changing it	s registered office or registered agent, or both,
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete MOOER, PETER 103 NEW WARRINGTON ROAD PENSACOLA, FL 32506	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MOORE, PETER 103 NEW WARRINGTON ROAD PENSACOLA, FL 32506
Title: Name: Address: City-St-Zip:	D () Delete SANSING, ROBERT C 6200 PENSACOLA BLVD PENSACOLA, FL 32505	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MASSEY, JAMES W 11241 OLD HWY 63 SOUTH LUCEDALE, MS 39452	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MOSES, JOHN S 2900 GOVERNMENT BLVD MOBILE, AL 36606	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete THOMPSON, TERRANCE J SR 1402 US HWY 98 DAPHEN, AL 36526	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete DEN HEUVEL, MICHAEL V 2427 HWY 31 SOUTH BAY MINETTE, AL 36507	Title: Name: Address: City-St-Zip:	() Change () Addition

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: PETER MOORE D 04/14/2009