

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007132

FILED
Apr 30, 2009
Secretary of State

Entity Name: GULF BREEZE COMMUNITY CHARITABLE TRUST, INC.

Current Principal Place of Business:

409 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 626
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 35-2340584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PELTIER, MARGARET M.
409 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 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: CD () Delete
Name: JOLLY, DOUGLAS E.
Address: PO BOX 626
City-St-Zip: GULF BREEZE, FL 32562

Title: CED () Delete
Name: STUDER, MARY P.
Address: PO BOX 626
City-St-Zip: GULF BREEZE, FL 32562

Title: DS () Delete
Name: HUMBAUGH, COURTNEY A.
Address: PO BOX 626
City-St-Zip: GULF BREEZE, FL 32562

Title: D () Delete
Name: PELTIER, MARGARET M.
Address: 409 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: PELTIER, MARGARET M.
Address: 409 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

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: DOUGLAS E. JOLLY

CD

04/30/2009

Electronic Signature of Signing Officer or Director

Date