

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15603

(6)

1. Corporation Name

GULF COAST SINGLES, INC.

Principal Place of Business

Mailing Address

818 FOREST LANE
PORT CHARLOTTE FL 33949
US

818 FOREST LANE
PORT CHARLOTTE FL 33949
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BOUNDS, HELGA
825 KENWOOD TERRACE
PORT CHARLOTTE FL 33948

3. Date Incorporated or Qualified

06/01/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 773 Calvert Avenue

84 City

Port Charlotte

FL

85 Zip Code

33948 *

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *Marjorie Bernhard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BOURGAULT, ALFRED
STREET ADDRESS 818 FOREST LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE VPD ☐ DELETE

NAME WALKER, GEORGE
STREET ADDRESS 25236 NOCTURNE LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE SD ☐ DELETE

NAME BACHMAN, DORIS
STREET ADDRESS 22181 NY AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE T ☐ DELETE

NAME BOUNDS, HELGA
STREET ADDRESS 825 KENWOOD TERRACE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME GEORGE WALKER
1.3 STREET ADDRESS 25236 Nocturne Lane
1.4 CITY-ST-ZIP Port Charlotte FL 33949

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME ALFRED BOURGAULT
2.3 STREET ADDRESS 818 Forrest Hill Lane
2.4 CITY-ST-ZIP Port Charlotte FL 33948

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME DORIS BACHMAN
3.3 STREET ADDRESS 22181 New York Avenue
3.4 CITY-ST-ZIP Port Charlotte FL 33980

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME MARJORIE BERNHARD
4.3 STREET ADDRESS 773 Calvert Avenue
4.4 CITY-ST-ZIP Port Charlotte FL 33948

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 400002679134--9
5.3 STREET ADDRESS -11/03/98--01056--016
5.4 CITY-ST-ZIP *****61.25 *****61.25

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjorie Bernhard* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-11-98 (941) 624-2146

0014952

CR2E037 (5/98)

FILED

98 OCT 26 AM 10:56

SECRETARY OF STATE

