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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90300 042 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15603

1. Corporation Name

GULF COAST SINGLES, INC.

Principal Place of Business

818 FOREST LANE
PORT CHARLOTTE FL 33949
US

Mailing Address

818 FOREST LANE
PORT CHARLOTTE FL 33949
US



2. Principal Place of Business

21 Charlotte Towers

2a. Mailing Address

26 P.O. Box 3889

Suite, Apt. #, etc.

22 2295 Aaron St.

Suite, Apt. #, etc.

27 Port Charlotte, FL

City & State

23 Port Charlotte, FL

City & State

28 Port Charlotte, FL

Zip

24 33952

Country

25 USA

Zip

29 33949-3889

Country

30 USA

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

9. Name and Address of Current Registered Agent

BERNHARD, MARJORIE
773 CALVERT AVENUE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

McLachlan, William

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

11302 Royal Road

83

84 City

Punta Gorda

FL

85 Zip Code

33955

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 WILLIAM McLACHLAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, GEORGE
STREET ADDRESS 25336 NOCTURNE LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33949

☒ DELETE

TITLE VPD
NAME BOURGALT, ALFRED
STREET ADDRESS 818 FORREST HILL LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☒ DELETE

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

☒ DELETE

TITLE T
NAME BERNHARD, MARJORIE
STREET ADDRESS 773 CALVERT AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MAHONEY, DANIEL
1.3 STREET ADDRESS 10303 Burnt Store Rd. #95
1.4 CITY-ST-ZIP Punta, Gorda FL 33950

☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME BERNHARD, MARJORIE
2.3 STREET ADDRESS 773 Calvert Ave.
2.4 CITY-ST-ZIP Port Charlotte, FL 33948

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME MAJORS, CHARLOTTE
3.3 STREET ADDRESS 1000 Kings Hwy., #283
3.4 CITY-ST-ZIP Port Charlotte, FL 33980

☒ Change ☐ Addition

4.1 TITLE T
4.2 NAME MC LACHLAN, WILLIAM
4.3 STREET ADDRESS 11302 Royal Road
4.4 CITY-ST-ZIP Punta Gorda, FL 33955

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99 941-575-9814

Date

Daytime Phone #

CR2E037 (11/98)