

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90091 049 \*\*\*\*61.25

<b>DOCUMENT # N15603</b> 1. Entity Name <b>GULF COAST SINGLES, INC.</b>					
Principal Place of Business <b>CHARLOTTE TOWERS</b> <b>2295 AARON ST</b> <b>PORT CHARLOTTE, FL 33952 US</b>			Mailing Address <b>P.O. BOX 495152</b> <b>PORT CHARLOTTE, FL 33949-5152</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GEER, JOY</b> <b>1220 APPIAN DR</b> <b>PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>BARBARA BILSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1412 W. CORKTREE CIRCLE</b> City <b>PORT CHARLOTTE</b> FL <b>33952</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>BARBARA BILSKI, SECRETARY</b> <i>Barbara Bilski</i> 3/20/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEER, JOY 1220 APPIAN DR PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Bilski 1412 W. Corktree Cir. PORT CHARLOTTE, FL 33952-1168	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILPS, DONALD 26146 STILLWATER CIRCLE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wm. Morrison 801 Seabold Ave. N.W PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARGENT, MARGIT 1000 KINGS HIGHWAY, #247 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margit Sargent 1000 Kings Hwy # 247 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINDHART, MAXINE 1172 GREEN OAK TRAIL PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna Wells 175 Kings Hwy # 423 PORT CHARLOTTE, FL 33983	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGAULT, ALFRED B18 FOREST HILL LANE PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARLENE FERRELL 10303 BURNING STORE RD # 246 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNHARD, MARJORIE 18359 TWILITE AVE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD MARSHALL 1000 Kings Hwy # 339 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>BARBARA BILSKI</b> <i>Barbara Bilski</i> 3/20/2007 (941) 624-0987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY</small>					