


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 013 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N16564 1. Entity Name THE GULF COAST AREA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5814 SIERRA CREST LANE LITHIA, FL 33547 US | | | Mailing Address 5814 SIERRA CREST LANE LITHIA, FL 33547 US | | |
| 2. Principal Place of Business 122 15th Ave SW Suite, Apt. #, etc. | | | 3. Mailing Address 122 15th Ave SW Suite, Apt. #, etc. | | |
| City & State LARGO, FL | | | City & State LARGO, FL | | |
| Zip 33770 | | Country USA | | 4. FEI Number 59-2972943 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LORET DE MOLA, CAROLYN 5814 SIERRA CREST LANE LITHIA, FL 33547 | | | 7. Name and Address of New Registered Agent -- Name LINDA CONNELLY Street Address (P.O. Box Number is Not Acceptable) 122 15th Ave SW City LARGO, FL Zip Code 33770 | | |
| 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 <u><i>Linda M. Connelly</i></u> TREASURER LINDA M. CONNELLY 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, DIANE L 1447 85TH AVE NORTH SAINT PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PED KAMPS, KURT 2219 ALICE LANE CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROBERTS, BARBARA 10083 84TH AVE N LARGO, FL 33777 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LORET DE MOLA, CAROLYN 5814 SIERRA CREST LANE LITHIA, FL 33547 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PED | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LYNN JARROLD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERROR - LC | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LINDA CONNELLY 122 15th Ave SW LARGO, FL 33770 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 12. 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 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: <u><i>Linda M. Connelly</i></u> TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| 727-224-3073 4/28/04 <small>Date Daytime Phone #</small> | | | | | |