

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N16564**

1. Entity Name  
**THE GULF COAST AREA CHAPTER OF CLINICAL  
LABORATORY MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business  
**122 15TH AVE. SW  
LARGO, FL 33770 US**

Mailing Address  
**122 15TH AVE. SW  
LARGO, FL 33770 US**



04222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2972943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CONNELLY, LINDA  
122 15TH AVE SW  
LARGO, FL 33770**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000730707  
05/08/07-80088-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LORET DE MOLA, CAROLYN  
STREET ADDRESS 5814 SIERRA CREST LANE  
CITY-ST-ZIP LITHIA, FL 33547

TITLE TD  
NAME CONNELLY, LINDA  
STREET ADDRESS 122 15TH AVE. SW  
CITY-ST-ZIP LARGO, FL 33770

TITLE SD  
NAME VAUGHAN, LYNN  
STREET ADDRESS 597 ISLAND DR  
CITY-ST-ZIP TARPON SPRINGS, FL 34289

TITLE PED  
NAME RIVERA, SHARON  
STREET ADDRESS 6111 KESTREL PARK DR  
CITY-ST-ZIP LITHIA, FL 33547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** *Linda Connelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07 727-224-3078  
Date Daytime Phone #