

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34681

FILED
Mar 15, 2009
Secretary of State

Entity Name: GULF COAST MORTGAGE BANKERS ASSOCIATION, INC.

Current Principal Place of Business:

2305 45TH COURT W
BRADENTON, FL 34209 US

New Principal Place of Business:

Current Mailing Address:

2305 45TH COURT W
BRADENTON, FL 34209 US

New Mailing Address:

FEI Number: 65-0127021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOEBEL, MICHAEL L
2305 45TH COURT W.
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, KATHY
Address: 3400 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: RICHARDSON, ROBERT
Address: 5219 12TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: KOEBEL, MIKE
Address: 2304 45TH CT,W
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: LUSSIER, GEORGES
Address: 1800 2ND ST., STE 104
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RICHARDSON, ROBERT
Address: 5219 12TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE KOEBEL

T

03/15/2009

Electronic Signature of Signing Officer or Director

_____ Date