

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N37634		
1. Entity Name GULF TO BAY, COOPERATIVE, INC.		
Principal Place of Business 2295 N BCH RD ENGLEWOOD, FL 34223 US	Mailing Address 2295 N BCH RD ENGLEWOOD, FL 34223 US	



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0220639	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILEY, JANE H. 315 CIELO ST. ENGLEWOOD, FL 34223

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLYNN, DENNIS 26 CIELO CT. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTEAU, SEAN 10 GOLFO ST. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHURMAN, JAMES 416 DIJE ST ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, ELMER 105 AURA ST. ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, LARRY 4 GOLFO ST ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, RICHARD 313 GIELO ST ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

474-4841