

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90186 022 ****61.25

60033555



04252008 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 2295 N. BEACH RD.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ENGLEWOOD, FL		City & State		4. FEI Number 65-0220639	
Zip 34223		Country CHARLOTTE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLYNN, ELIZABETH J 217 BAYO STREET ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>ELIZABETH J. FLYNN Elizabeth J. Flynn</u> DATE <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP FLYNN, DENNIS 26 CIELO CT. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAUL SCHURMAN 416 DIJE ENGLEWOOD, FL 34223
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTEAU, SEAN 10 GOLFO ST. ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHURMAN, JAMES 416 DIJE ST ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GERALD 411 DIJE ST ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, LARRY 4 GOLFO ST ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, RICHARD 313 GIELO ST ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete			
				<input checked="" type="checkbox"/> Change <input 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: <u>PAUL SCHURMAN, PRESIDENT</u> <u>Paul Schurman</u> DATE <u>4/28/08 (941) 474-4841</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					