

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37634

FILED
Apr 20, 2009
Secretary of State

Entity Name: GULF TO BAY COOPERATIVE, INC.

Current Principal Place of Business:

2295 N. BEACH RD.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

2295 N BCH RD
ENGLEWOOD, FL 34223 US

New Mailing Address:

2295 N. BEACH RD.
ENGLEWOOD, FL 34223 US

FEI Number: 65-0220639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, ELIZABETH J
217 BAYO STREET
ENGLEWOOD, FL 34223 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: DP () Delete
Name: SCHURMAN, PAUL
Address: 416 DI JE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: CROTEAU, SEAN
Address: 10 GOLFO ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: SCHURMAN, JAMES
Address: 416 DIJE ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BROWN, GERALD
Address: 411 DIJE ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: HENN, RICHARD DVP
Address: 1836 W. 800 N.
City-St-Zip: LAKE VILLAGE, IN 46349

Title: D () Delete
Name: SMALLWOOD, ROBERT
Address: 209 SLATE RUN DRIVE
City-St-Zip: HENRYVILLE, IN 47126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CROTEAU, JEAN
Address: 10 GOLFO ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change () Addition
Name: SCHURMAN, JAMES
Address: 104 AURA STREET
City-St-Zip: ENGLEWOOD, FL 34223

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

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: JAMES SCHURMAN

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date