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Feb 15, 1999 8:00am  
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02-15-1999 90003 012 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37799

1. Corporation Name

GULF COAST TRIATHLON FOUNDATION, INC.

Principal Place of Business

1618 ISABELLA AVE  
PANAMA CITY FL 32401  
US

Mailing Address

P.O. BOX 4055  
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

04/24/1990

4. FEI Number

59-2308102

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRAMBLETT, SHELLEY A  
102 QUEENS CIRCLE  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WALBY, DAVID

STREET ADDRESS 469 W. 23RD ST. SUITE 201

CITY-ST-ZIP PANAMA CITY FL

TITLE DT ☐ DELETE

NAME BRAMBLETT, SHELLEY A

STREET ADDRESS 102 QUEENS CIRCLE

CITY-ST-ZIP PANAMA CITY FL

TITLE DS ☐ DELETE

NAME MCTRUSTY, TIM

STREET ADDRESS 114 SAND DOLLAR DR.

CITY-ST-ZIP PANAMA CITY BC

TITLE D ☐ DELETE

NAME BOYD, DAVID

STREET ADDRESS 6700 LETOHATCHEE

CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME SWIGLER, ALAN

STREET ADDRESS 23 HARRISON AVE.

CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME SIMS, CAROL

STREET ADDRESS 7306 MARKET STREET

CITY-ST-ZIP SOUTHPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shelley A. Bramblett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

(850)522-8781

Daytime Phone #

CR2E037 (11/98)