## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37799

FILED Feb 12, 2004 Secretary of State

Entity Name: GULF COAST TRIATHLON FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5108 SKYVIEW DR. PANAMA CITY, FL 32408 LIS **Current Mailing Address: New Mailing Address:** PO BOX 15456 PANAMA CITY, FL 32406 FEI Number: 59-2308102 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAMBLETT, SHELLEY A BRAMBLETT, SHELLEY A 1611 OAK HÓLLOW ROAD 102 QUEENS CIRCLE PANAMA CITY, FL 32405 US CLERMONT, FL 34711 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: 02/12/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BRAMBLETT, SHELLEY A BRAMBLETT, SHELLEY A Name: Name: 102 QUEENS CIRCLE Address: 1611 OAK HOLLOW ROAD Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: CLERMONT, FL 34711 Title: DS ( ) Delete Title: (X) Change ( ) Addition Name: MCTRUSTY, TIM Name: MCTRUSTY, TIM Address: 114 SAND DOLLAR DR. Address: 114 SAND DOLLAR DR. City-St-Zip: PANAMA CITY, BC City-St-Zip: PANAMA CITY, FL 32408 Title: () Delete Title: (X) Change ( ) Addition BOYD, DAVID Name: BOYD, DAVID Name: 805 MALLODY DRIVE 805 MALLODY DRIVE Address: Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: PANAMA CITY, FL 32401 Title: ( ) Delete Title: () Change () Addition Name: SWIGLER, ALAN Name: 719 BEACHCOMBER DR Address: Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SIMS, CAROL JEFF, WHITTON Name: Name: 565 HARRISON AVE 565 HARRISON AVE Address: Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: PANAMA CITY, FL Title: () Delete Title: () Change () Addition MATAMOROS, CESAR Name: Name: Address: 1110 CAROLINA AVE. Address: LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHELLEY A. BRAMBLETT DT 02/12/2004