

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37799

FILED  
Mar 03, 2006  
Secretary of State

**Entity Name:** GULF COAST TRIATHLON FOUNDATION, INC.

**Current Principal Place of Business:**

5108 SKYVIEW DR.  
PANAMA CITY, FL 32408 US

**New Principal Place of Business:**

434A LYNDELL LANE  
PANAMA CITY BEACH, FL 32408 US

**Current Mailing Address:**

PO BOX 15456  
PANAMA CITY, FL 32406

**New Mailing Address:**

**FEI Number:** 59-2308102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAMBLETT, SHELLEY A  
P.O. BOX 15456  
PANAMA CITY, FL 32406 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: DT ( ) Delete  
Name: BRAMBLETT, SHELLEY A  
Address: P.O. BOX 15456  
City-St-Zip: PANAMA CITY, FL 32406

Title: DS ( ) Delete  
Name: MCTRUSTY, TIM  
Address: 114 SAND DOLLAR DR.  
City-St-Zip: PANAMA CITY, FL 32408

Title: P ( ) Delete  
Name: BOYD, DAVID  
Address: 805 MALLODY DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: SWIGLER, ALAN  
Address: 719 BEACHCOMBER DR  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: JEFF, WHITTON  
Address: 565 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: MATAMOROS, CESAR  
Address: 1110 CAROLINA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: SHELLEY A BRAMBLETT

DT

03/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date