2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37799

FILED Apr 30, 2007 Secretary of State

Entity Name: GULF COAST TRIATHLON FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 434A LYNDELL LANE PANAMA CITY BEACH, 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 P.O. BOX 15456 434A LYNDELL LANE PANAMA CITY, FL 32406 PANAMA CITY BEACH, FL 32407 US US 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: SHELLEY A BRAMBLETT 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRAMBLETT, SHELLEY A Name: Name: P.O. BO X15456 Address: Address: City-St-Zip: PANAMA CITY, FL 32406 City-St-Zip: Title: DS () Delete Title: () Change () Addition MCTRUSTY, TIM Name: Name: Address: 114 SAND DOLLAR DR. Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: 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 32401 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: () Change () Addition JEFF, WHITTON Name: Name: 565 HARRISON AVE Address: Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MATAMOROS, CESAR HARVARD, STEPHEN Name: Name: Address: 1110 CAROLINA AVE. Address: 506 E. 26TH STREET LYNN HAVEN, FL 32444 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 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 04/30/2007