2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N37799

Entity Name: GULF COAST TRIATHLON FOUNDATION, INC.

Current Principal Place of Business:

434A LYNDELL LANE
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

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
434A LYNDELL LANE
PANAMA CITY BEACH, FL 32407 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. BO X15456	
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:	D	( ) 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:	HARVARD, STEPHEN	
Address:	506 E. 26TH STREET	
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 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 01/22/2009
Electronic Signature of Signing Officer or Director — Date