


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90041 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39223					
1. Corporation Name GULF COAST RUNNERS CLUB, INC.					
Principal Place of Business 1170 3RD STREET SOUTH, SUITE B-205 NAPLES FL 34102 US			Mailing Address 1170 3RD STREET SOUTH, SUITE B-205 NAPLES FL 34102 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0203436	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 30	

9. Name and Address of Current Registered Agent ROBERT KOOP JOHNSON 1170 3RD STREET SOUTH, SUITE B-205 NAPLES FL 33940-34102				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL 34102			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONADIO, PAT			12 NAME	TONY KAMMERER		
STREET ADDRESS	730 105TH AVE NORTH			13 STREET ADDRESS	886 TANBAEK UNIT 101		
CITY-ST-ZIP	NAPLES FL 34108			14 CITY-ST-ZIP	NAPLES FL 34108		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONADIO, PAT			22 NAME	ERICA SZILAGYI		
STREET ADDRESS	730 105TH AVENUE NORTH			23 STREET ADDRESS	1515 MANDARIN ROAD		
CITY-ST-ZIP	NAPLES FL 34108			24 CITY-ST-ZIP	NAPLES, FL 34102		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMMERER, TONY			32 NAME	LISA LE BLANC HUTCHINGS		
STREET ADDRESS	886 TANBAEK UNIT #101			33 STREET ADDRESS	24801 CARNOSTIE CT		
CITY-ST-ZIP	NAPLES FL 38104			34 CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREELAND, JULIE			42 NAME	ROSEMARIE SILVERMAN		
STREET ADDRESS	2021 FREDERICK STREET			43 STREET ADDRESS	224 6TH AVE SO.		
CITY-ST-ZIP	NAPLES FL 33962			44 CITY-ST-ZIP	NAPLES FL 34102		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, JULIA			52 NAME			
STREET ADDRESS	1562 BLUE POINT AVENUE			53 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102			54 CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 *Rosemarie Silverman*
ROSEMARIE SILVERMAN

3-10-99 941-262-5653
Date Daytime Phone #

CR2E037 (11/98)