

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39223

FILED
Apr 18, 2007
Secretary of State

Entity Name: GULF COAST RUNNERS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 8636
NAPLES, FL 34101 US

New Principal Place of Business:

2218 TAMiami TRAIL
NAPLES, FL 34102 US

Current Mailing Address:

P.O. BOX 8636
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0203436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, RONALD K TREAS
2241 IMPERIAL GOLF COURSE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

HARRINGTON, CRAIG P
547 97TH AVENUE N
NAPLES, FL 34108 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: CRAIG HARRINGTON

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRINGTON, CEDRIC
Address: 547 97TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: DANDAVILLA, GEORGE
Address: 2128 TAMiami TR
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: BAILEY, JR, RON CPA
Address: 2241 IMPERIAL GOLF COURSE
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRINGTON, CRAIG
Address: 547 97TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change () Addition
Name: SHALLIES, MARY
Address: 5730 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: T (X) Change () Addition
Name: MILLER, PAT
Address: 671 GOODLETTE RD
City-St-Zip: NAPLES, FL 34103

Title: S () Change (X) Addition
Name: LORETTA, HUENEFELD
Address: 521 NEAPOLITAN LANE
City-St-Zip: NAPLES, FL 34103

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: CRAIG HARRINGTON

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date