

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39223

FILED
Feb 25, 2009
Secretary of State

Entity Name: GULF COAST RUNNERS CLUB, INC.

Current Principal Place of Business:

2218 TAMIAMI TRAIL
NAPLES, FL 34102 US

New Principal Place of Business:

2116 TAMIAMI TRAIL N
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:

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

Name and Address of New Registered Agent:

NOLAN, SEAN M
2375 TAMIAMI TRAIL N
110
NAPLES, FL 34103 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: SEAN NOLAN

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: AURAY, JENNIFER
Address: 581 NEAPOLITAN LANE
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: NOLAN, SEAN
Address: 1136 LAKESHORE PLACE
City-St-Zip: NAPLES, FL 34103

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NORGART, MITCHELL
Address: 2919 REGATTA ROAD
City-St-Zip: NAPLES, FL 34103

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

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: SEAN NOLAN

T

02/25/2009

Electronic Signature of Signing Officer or Director

Date