

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 13, 2007
Secretary of State**

DOCUMENT# N40188

Entity Name: A O R N OF THE GULF COAST OF FLORIDA INC.

Current Principal Place of Business:12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 US**New Principal Place of Business:****Current Mailing Address:**12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 US**New Mailing Address:**

FEI Number: 52-1706994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SWYMER, SUNDAY S
12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 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: P () Delete
Name: JAMILOSA, EVELYN
Address: 5354 NEIL DRIVE
City-St-Zip: ST. PETERSBURG, FL 33714Title: VP () Delete
Name: PENDLEY, CYNTHIA
Address: 2758 VANESSA LANE
City-St-Zip: PALM HARBOR, FL 34684 USTitle: T () Delete
Name: SWYMER, SUNDAY S
Address: 12322 SUN VISTA COURT EAST
City-St-Zip: TREASURE ISLAND, FL 33706 USTitle: BD () Delete
Name: BERNARDI, ANTHONY
Address: 11125 PARK BLVD. #104-121
City-St-Zip: SEMINOLE, FL 33772Title: S () Delete
Name: HEGH, CAROL
Address: 2126 LAKEVIEW DRIVE
City-St-Zip: CLWARWATER, FL 33764 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: LARIMORE, CELIA
Address: 762 ARTHURS COURT
City-St-Zip: TARPON SPRINGS, FL 3334689Title: () 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: PE () Change (X) Addition
Name: MCCLAIN, GREGORY
Address: 5936 29TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

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: SUNDAY STICKLES SWYMER

T

09/13/2007

Electronic Signature of Signing Officer or Director

Date