


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 012 ****61.25

DOCUMENT # N41722 1. Entity Name GULF COAST BIG BAND, INC.					
Principal Place of Business 624 98TH AVENUE NORTH NAPLES FL 34108 US			Mailing Address % RUTH P CONROY 624 98TH AVE NORTH NAPLES FL 34108 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0246532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONROY, RUTH P 624 98TH AVE. NORTH NAPLES FL 34108-2222				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	DCT <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN W. SALZER		
NAME	SMITH, MAXINE	NAME	3432 GOLFSIDE DR.		
STREET ADDRESS	24545 DOLPHIN ST	STREET ADDRESS	NAPLES, FL. 34110		
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	OMITTED		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WETZOLD, PAUL	NAME			
STREET ADDRESS	860 CHESTNUT CT	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAINS, TIMOTHY	NAME			
STREET ADDRESS	1134 CAMELOT CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGILL, PHILL	NAME			
STREET ADDRESS	201 QUAIL FOREST BLVD #102	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONROY, RUTH	NAME			
STREET ADDRESS	624-98TH AVE. N.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHOTA, FRANK	NAME			
STREET ADDRESS	154 PALMETTO DUNES CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN W. SALZER 3/13/06 239-594-0227**