

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41722

FILED
Feb 16, 2009
Secretary of State

Entity Name: GULF COAST BIG BAND, INC.

Current Principal Place of Business:

624 98TH AVENUE NORTH
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

% RUTH P CONROY
624 98TH AVE NORTH
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0246532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, RUTH P
624 98TH AVE. NORTH
NAPLES, FL 341082222 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: D () Delete
Name: SMITH, MAXINE
Address: 24545 DOLPHIN ST
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: WETZOLD, PAUL
Address: 860 CHESTNUT CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: HAINS, TIMOTHY
Address: 1395 PANTHER LANE SUITE 300
City-St-Zip: NAPLES, FL 34109

Title: DP () Delete
Name: MAGILL, PHILL,
Address: 201 QUAIL FOREST BLVD #102
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: CONROY, RUTH,
Address: 624-98TH AVE. N.
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: MICHOTA, FRANK
Address: 154 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH CONROY

DS

02/16/2009

Electronic Signature of Signing Officer or Director

Date