

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51358

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** GULF COAST YOUTH CHOIRS, INC.

**Current Principal Place of Business:**

2902 WEST FLETCHER AVENUE  
TAMPA, FL 33618

**New Principal Place of Business:**

4537 LOWELL ROAD  
TAMPA, FL 33618

**Current Mailing Address:**

P O BOX 273656  
TAMPA, FL 336883656

**New Mailing Address:**

**FEI Number:** 59-3142234      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GACKLE, LYNNE  
18604 CHEMILLE DRIVE  
LUTZ, FL 33558 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, P ( ) Delete  
Name: HOWARD, VANCE  
Address: 19503 FRENCH LACE DRIVE  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: CRANE, MARTHA  
Address: 13501 HOLLOW COVE  
City-St-Zip: TAMPA, FL 33613

Title: D, ( ) Delete  
Name: PHILLIPS, AMANDA  
Address: 17725 RIVENDEL ROAD  
City-St-Zip: LUTZ, FL 33549

Title: D, S ( ) Delete  
Name: STRAWBRIDGE, DIANA  
Address: 6012 HAMMOCK WOODS DR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: WATTS, LAURIE  
Address: 13711 WHITEBARK PLACE  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: VEDHANAYAGAM, ARUN  
Address: 6425 RENWICK CIRCLE  
City-St-Zip: TAMPA, FL 33647

**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  
Name:  
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: VANCE HOWARD

P

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date