

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90041 050 \*\*\*\*61.25

<b>DOCUMENT # N92000000511</b>					
<b>1. Entity Name</b> GULF COAST CONSERVANCY INCORPORATED					
<b>Principal Place of Business</b> P.O. BOX 738 ARIPEKA, FL 34679			<b>Mailing Address</b> P.O. BOX 738 ARIPEKA, FL 34679		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3191393	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GULA, CAROL 18941 ROSEMARY RD ARIPEKA, FL 34679			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE <u>Gula, Carol TR</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04/05/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> TR <b>NAME</b> STACK, DANIEL G <b>STREET ADDRESS</b> 3215 GULF DR <b>CITY-ST-ZIP</b> ARIPEKA, FL 34679	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> WERT, JULIE <b>STREET ADDRESS</b> 9453 GIRARD RD <b>CITY-ST-ZIP</b> ARIPEKA, FL 34679	<input type="checkbox"/> Delete				
<b>TITLE</b> TR <b>NAME</b> BLIZZARD, LIBBY <b>STREET ADDRESS</b> 2467 SUNSET VISTA DR. <b>CITY-ST-ZIP</b> ARIPEKA, FL 34679	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> GULA, CAROL <b>STREET ADDRESS</b> 18941 ROSEMARY RD <b>CITY-ST-ZIP</b> ARIPEKA, FL 34679	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TR <b>NAME</b> STAUFFER, RICHARD <b>STREET ADDRESS</b> 2487 SUNSET VISTA DR <b>CITY-ST-ZIP</b> ARIPEKA, FL 34674	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> Gula, Carol <b>STREET ADDRESS</b> 18941 Rosemary Rd <b>CITY-ST-ZIP</b> Aripeka FL 34679	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TR <b>NAME</b> Stauffer, Richard <b>STREET ADDRESS</b> 2487 Sunset Vista Dr <b>CITY-ST-ZIP</b> Aripeka FL 34679	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> P <b>NAME</b> Gula, Carol <b>STREET ADDRESS</b> 18941 Rosemary Rd <b>CITY-ST-ZIP</b> Aripeka FL 34679	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Julie Wert</u> Julie Wert				Date <u>04/05/04</u> Daytime Phone # <u>727-8612621</u>	