

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000511

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** GULF COAST CONSERVANCY INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 738  
ARIPEKA, FL 34679

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 738  
ARIPEKA, FL 34679

**New Mailing Address:**

**FEI Number:** 59-3191393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GULA, CAROL  
18941 ROSEMARY RD  
ARIPEKA, FL 34679 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: STACK, DANIEL G  
Address: 3215 GULF DR  
City-St-Zip: ARIPEKA, FL 34679

Title: T ( ) Delete  
Name: WERT, JULIE  
Address: 9453 GIRARD RD  
City-St-Zip: ARIPEKA, FL 34679

Title: TR ( ) Delete  
Name: BLIZZARD, LIBBY  
Address: 2467 SUNSET VISTA DR  
City-St-Zip: ARIPEKA, FL 34679

Title: TR ( ) Delete  
Name: GULA, CAROL  
Address: 18941 ROSEMARY RD  
City-St-Zip: ARIPEKA, FL 34679

Title: TR ( ) Delete  
Name: STAUFFER, RICHARD  
Address: 2487 SUNSET VISTA DR  
City-St-Zip: ARIPEKA, FL 34679

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIE WERT

T

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date