2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N92000000511

Entity Name: GULF COAST CONSERVANCY INCORPORATED

Current Principal Place of Business:

9453 GIRARD RD
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: WAY, 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 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: JULIE WERT T 04/15/2009
Electronic Signature of Signing Officer or Director — Date