

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000333

FILED
Mar 23, 2009
Secretary of State

Entity Name: GULF COAST FOOTBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

6409 GOLDFINCH STREET
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6409 GOLDFINCH STREET
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0365453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEAIRS, JEFFREY D
6409 GOLDFINCH STREET
SARASOTA, FL 34241 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: PD () Delete
Name: SIEDLECKI, BILL
Address: 6409 GOLDFINCH ST.
City-St-Zip: SARASOTA, FL

Title: TD () Delete
Name: SHOLTIS, JOHN
Address: 6409 GOLDFINCH ST
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: PEAIRS, JEFF
Address: 6409 GOLDFINCH ST.
City-St-Zip: SARASOTA, FL

Title: DD () Delete
Name: LUCAS, JOHN
Address: 6409 GOLDFINCH ST.
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: VANESS, SCOTT
Address: 6409 GOLDFINCH STREET
City-St-Zip: SARASOTA, FL 34241

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: JEFF PEAIRS

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date