

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000227

FILED
Apr 12, 2007
Secretary of State

Entity Name: THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3222190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS M
13153 N. DALE MABRY HWY
SUITE 105
TAMPA, FL 33618 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 () Delete
Name: KOSTROSKI, LOIS
Address: 13153 N. DALE MABRY HWY.,STE 105
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: ROSS, ELLIOTT
Address: 3001 EXECUTIVE DRIVE #250
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOSTROSKI, LOIS M
Address: 13153 N. DALE MABRY HWY.,STE 105
City-St-Zip: TAMPA, FL 33618

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 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: LOIS M KOSTROSKI

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date