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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000872

1. Corporation Name

GULF COAST SKIMMERS WATER SKI SHOW, INC.

Principal Place of Business

LAKE AVALON
 SUGDEN REGIONAL PARK
 EAST NAPLES FL 34112
 US

Mailing Address

4002 CINDY AVE
 NAPLES FL 34112-6730
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0372444	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GURSOY, JOHN
 4002 CINDY AVENUE
 NAPLES FL

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEEM, EILEEN	1.2 NAME	Debbie Beatty
STREET ADDRESS	5737 WHITAKER RD, #C-201	1.3 STREET ADDRESS	4111 Cindy Ave
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	Naples, Florida 34112
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	John V. Gursoy (spelling) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURSOY JOHN V.	2.2 NAME	
STREET ADDRESS	4002 CINDY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, JACK	3.2 NAME	Phil Mosner
STREET ADDRESS	6120 TRESER DR	3.3 STREET ADDRESS	1180 Turtle Creek Dr. #1224
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	Naples, Florida
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	STREET, JEFF	4.2 NAME	
STREET ADDRESS	4865 22ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, JEFF	5.2 NAME	Jeff Street
STREET ADDRESS	1440 WILDWOOD LAKES BLVD, #D-102	5.3 STREET ADDRESS	3818 Exchange Ave
CITY-ST-ZIP	NAPLES FL 34104	5.4 CITY-ST-ZIP	Naples, Florida 34104
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Suzi Mathews <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	855 Elkhorn Ct. # 523
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Marco Island, Florida 34145

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John V. Gursoy John V. Gursoy - President

March 4, '99-941-732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0570

CR2E037 (1/98)