

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000222

FILED
Jan 05, 2009
Secretary of State

Entity Name: GULF COAST PELICANS CHAPTER OF THE FAMILY MOTOR COACH ASSOCIATION, INC.

Current Principal Place of Business:

SUE HAWKINS
3524 LIBERTY STREET
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

SUE HAWKINS
3524 LIBERTY STREET
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 65-0610775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, SUE
3524 LIBERTY STREET
PORT CHARLOTTE, FL 33948 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: RICE, NANCY
Address: 4520 ALMAR DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DVP () Delete
Name: JANOWICH, VINCENT
Address: 3720 WESTOVER CIRCLE
City-St-Zip: LEESBURG, FL 34748 US

Title: DVP () Delete
Name: LUSE, ROBERT
Address: 135 HARBOR LANE
City-St-Zip: TAVERNIER, FL 33070 US

Title: DVP () Delete
Name: GUIMOND, RICHARD
Address: 900 AQUA ISLES BLVD LOT # E-10
City-St-Zip: LA BELLE, FL 33935

Title: S () Delete
Name: MILLER, JOAN
Address: 13501 MARQUETTE BLVD
City-St-Zip: FORT MYERS, FL 33905 US

Title: T () Delete
Name: HAWKINS, SUE
Address: 3524 LIBERTY STREET
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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
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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: SUE HAWKINS

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date